Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

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State/Territory: North Carolina
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Nina_Yeager,_Director, Division of Medical Assistance
(Signature of Agency Head)

SCHIP Program Name(s): North Carolina Health Choice for Children_

SCHIP Program Type:
____Medicaid SCHIP Expansion Only
_X__Separate SCHIP Program Only
_____Combination of the above

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

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Submission Date: ___December 20, 2001___

(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002)
Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

A. Program eligibility --

North Carolina changed the eligibility standards for NC Health Choice for Children by establishing a waiting list for children who came to the program. The freeze for new enrollees went into effect on January 1, 2001 and ended October 8, 2001. During the course of the freeze 36,000 children were processed through the waiting list.

The state also chose to change the definition of uninsured by adding those children who meet this criteria. Health insurance benefits available to the family of a special needs child have been terminated due to a long-term disability or a substantial reduction in or limitation of lifetime medical benefits or benefit category.

B. Enrollment process--

The enrollment process was changed as follows: for those children who met special needs criteria and therefore could remain covered by private health insurance until enrollment in the program, eligibility workers determined the date private insurance was terminated and these children became eligible effective the first of the month following termination of private health insurance.

Under the new enrollment freeze, children who were found to be eligible for NC Health Choice were sent a notice informing them that North Carolina had insufficient funds to enroll them in the program. The children were placed on a waiting list on a first come, first served basis based on a number assigned statewide upon the receipt of the child's application. The waiting list offered the children's families the right to a letter asking them three questions--are you living at the same address, has your income changed since you were placed on the waiting list, and do you have health insurance. Children were taken off the waiting list in stages beginning with the oldest cases first. The first group of children (5,000) was taken off the list on July 2, another group the first week of August, then the first week of September and finally on the 5th of October. The total number of children who were processed through the waiting list was 35,916. Of these children approximately one-

half were still eligible for NC Health Choice, about one-third were eligible for Medicaid, about 10 percent found private health insurance, the remainder did not respond to efforts to contact them.

C. Presumptive eligibility **NC**

D. Continuous eligibility **NC**

E. Outreach/marketing campaigns -- **Outreach and marketing campaigns were changed as follows -- With the freeze in new enrollments, most outreach efforts were stepped down except for some investigative work on reenrollment, a new application form, and certain counties who wanted to continue the process.**

F. Eligibility determination process --**The process for determining eligibility for children with special needs changed to allow counties to query families about special needs criteria, to provide them with a form for a physician to sign and to enroll the child determined to be eligible the first day of the month following the dropping of insurance coverage.**

G. Eligibility redetermination process -- **During the course of the year focus groups were conducted to see what could be done to improve redetermination once money was available again through the state budget.**

H. Benefit structure **NC**

I. Cost-sharing policies **NC**

J. Crowd-out policies **NC**

K. Delivery system **NC**

L. Coordination with other programs (especially private insurance and Medicaid)-- **NC**

M. Screen and enroll process -- **NC**

N. Application -- **NC**

O. Other -- **NC**

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children. * <u>See discussion below for entire 1.2 response.</u>**

A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.

B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

____ No, skip to 1.3

____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

North Carolina was forced to freeze new enrollments in NC Health Choice for Children and start a waiting list from January 1, 2001 to October 8, 2001. The decision was based on these factors:

1) **The original state budget as well as the federal budget were based on the Current Population Survey of the US Census Bureau. The decision at the state level was to budget state funds for an annual average of 66,000 children. This was based on two concepts: that no program has ever enrolled 100% of its actual eligibles and that to use all the federal money prior to "the dip" would force us to actually drop children from the program during the dip years. The total numbers of children estimated to be eligible for the S-CHIP program was 71,343. This was based on the assumption that a little**

more than half of those below 200 percent were S-CHIP eligible rather than Medicaid eligible. Enrollment in the NCHC program, however, while showing no signs of a slowing rate, reached 72,000 at its lowest point in December, 2001. In fact, in December, 2001, the program briefly reached a high of 77,000. Medicaid enrollments also increased during this time period. By the end of the freeze period 90 percent of the waiting list children were on NC Health Choice, Medicaid or private insurance.

2) **Despite the fact that some additional federal funds were made available to the state, the North Carolina General Assembly in its 1998 budget session included language prohibiting the transfer of any additional state funds not appropriated by the General Assembly into the NC Health Choice for Children program.**
3) **In fact, the waiting list was comprised primarily of Medicaid graduates. 36,000 children were processed through the waiting list during the freeze, while the lowest point in enrollment reached 51,000 during the freeze. Clearly there are far more children eligible for the program than estimates would indicate. Because NC Health Choice is non-entitlement, any profound underestimates of numbers of eligible children will force the state to freeze the program again. Under North Carolina law, benefits cannot be reduced without an act of the NC General Assembly. The General Assembly has also kept its language prohibiting administrative transfer of funds to prohibit the freeze.**
4) **Frankly the negative publicity surrounding the freeze led to an improved reenrollment rate. Only 25% of our families failed to reenroll when eligible because of the reality facing them of not being able to reclaim their health insurance.**
5) **The freeze was lifted because the General Assembly appropriated funds to cover additional children over the next two years. The legislature approved a tax increase to make up for a profound budget shortfall, but NC Health Choice for Children became one of very few programs to receive an expansion budget request rather than a budget reduction. Because of careful budget planning and restrictions on drawing down additional federal funds, NC is likely to be able to get through at least the first year of "the dip" without having to remove children from the program. The primary goal of the state has been to keep its word to enrolled children and not reduce benefits or remove active enrollees from the program except by the recipient's action or inaction.**
6) **It is clear to the state that the estimates of numbers of uninsured children need to be modified. We have no clear way to do it because of our profoundly negative experience with CPS numbers. We know they are wrong, yet they represent the only sanctioned instrument to provide a state to state numbers comparison. This is also the instrument cited in federal law on which we are told the federal government will base our numbers.**
7) **As to the impact of the freeze on outreach and enrollment in Medicaid, the answer is somewhat complicated. Active outreach for all intents and purposes was halted after January 1, 2001 because of the freeze, although a lower level of activity did continue. Meanwhile, the state of North Carolina was undergoing a severe economic downturn – one of the first states to be adversely affected by the national downturn. While the children's Medicaid program called Medicaid Infants and Children (MIC), the equivalent of SOBRA showed a 4.6 increase from October 2000 to October 2001, the TANF program which more closely parallels economic downturns showed a 19% increase in the same time period. That is to say more children were enrolled in Medicaid, but more came in out of dire economic necessity than out of outreach efforts.**

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3*.

NOTE: The overriding problem of the NC Health Choice freeze impacted all aspects of the program. We do plan to change our performance goals and objectives. That is difficult to accomplish when enrollments are frozen. We did more closely examine how we were doing with access issues for those already enrolled. Both the attached Sheps Center Report and UNC-Charlotte reports reflect this information Generally, the level of satisfaction of parents of children in this program is very high, parents report increased access, less absenteeism from school, etc.
Note: One of our objectives regarding service delivery had to do with appropriate immunizations. This report will be forwarded at a later date.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
		Data Sources: Methodology:

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Progress Summary:
Objectives Related to SCHIP Enrollment		
		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Medicaid Enrollment		
		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
		Data Sources: Methodology: Progress Summary:
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
		Data Sources: Methodology: Progress Summary:
Other Objectives		
		Data Sources: Methodology: Progress Summary:

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

Assessing the effects of the North Carolina Health Choice Program on Beneficiary Access to Care, Rebecca T. Slifkin, Ph.D, Victoria Freeman, R.N. Dr. PH., Pam Silberman, J.D., Dr. P.H., Robert Schwartz, M.A. Cecil G. Sheps Center for Health Services Research, September 25, 2001

University of North Carolina Charlotte, Policy Report No. 9, Statewide Assessment of Patient Experience in North Carolina Health Programs for Low-Income Populations: Evaluation of NC Health Choice for Childrenby William P. Brandon, PhD, MPH, Nancy Schoeps, PhD, Betsy J. Walsh, JD, MPH, and Laure D. Shull, MS University of North Carolina Charlotte June 6, 2001

Utilization and Risk Assessment for the North Carolina Health Choice Program October 1, 1998 to September 30, 2001, A Corporate Analysis and Risk Assessment by Blue Cross, Blue Shield of North Carolina

Average months federal fiscal year 2001

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out**. N/A**

B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?

_____Number of adults
_____Number of children

C. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in:

A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s**). N/A**

B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?

_____Number of adults
_____Number of children

2.3 Crowd-out:

A. How do you define crowd-out in your SCHIP program? **The intentional dropping of affordable health insurance for the purpose of creating eligibility into the program.**

B. How do you monitor and measure whether crowd-out is occurring? **Through family surveys and through cross-matches with BCBS records.**

C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation. **Please see Cecil G. Sheps Center Report**

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program?

Describe the data source and method used to derive this information. **It is our experience that there is little affordable health insurance available for dependent coverage below 200 percent of poverty. And as health insurance premiums rise, we are seeing more and more of a decline in both employers offering dependent care and in private policies offering affordable care. We have had a two-pronged anti-crowd out approach --- a two month period of uninsurance before a child was determined eligible for NC Health Choice. This became extremely onerous during the freeze as children had to meet this standard to get on the waiting list. An amendment is now pending to remove this provision and to electronically track the number of children who drop health insurance to prevent dual insurance coverage. The other tactic that was used was the imposition of an enrollment fee of $50 for one child or $100 for two or more children for families whose incomes are over 150% of poverty. Although only 30 percent of the families in NC Health Choice earn above 150% of poverty, prior to the freeze failure to pay the enrollment fee was the leading reason for denial into the program. In some cases county based foundations appear to be making scholarships available to these families.**

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness? A survey by the Cecil G. Sheps Center for Health Services Research asked respondents how they heard about NC Health Choice. The most common response was Department of Social Services (62%). In addition, 25% of respondents learned about the program from the health department, 9% from another health care provider, 9% from their child's school or child care, 9% from the media, 9% from posters or billboards, and 7% from friends and coworkers. (Respondents could mention more than one source of information, so percents add to more than 100).

North Carolina has done well with SCHIP outreach because the major thrust was a local grassroots outreach coalition strategy. Local coalitions were asked to pull in an ethnically diverse group of individuals representing public and private NFP agencies, churches, businesses, schools/child cares, providers, media, and consumers such that a broad-based, multifaceted, and ethnically targeted local planning and implementation process would result. The State's role then became one of supporting local coalition efforts by providing the tools: print materials, electronic media, programmatic and data updates, consultation / technical assistance, workshops, outreach to state and regional organizations, newspaper coverage, newsletter articles, etc.

By the end of FFY 1999-2000, we were approaching our program's capacity (based on a capped State budget) and we were faced with the likelihood of a freeze on new enrollment. By the end of December 2000, we had enrolled 72,000+ children although the original projection of children eligible for this program was 71,343. A freeze on new enrollment went into effect January 1, 2001 and continued through June. We began reactivating enrollment for children on the waiting list in July, and with passage of a new State budget in late September, open enrollment became possible effective October 8th.

Some outreach activities pursued by the State in the Fall of 2000, prior to the freeze, included:

- Work with the NC Hotel and Motel Association who adopted Health Check / NC Health Choice Outreach as their volunteer effort as a part of Colin Powell's America's Promise. Also worked with the NC Restaurant Association. Both initially set a goal to do active outreach directed toward employees & their families.
- Work with the Medical Student Section of the NC Medical Society who adopted Health Check / NC Health Choice Outreach as their special project. They targeted families attending the NC State Fair and the four communities where our states' medical schools exist.
- Work with Communities-in-Schools Americorps Volunteers who were mentoring students and working with their families.
- Work with the March of Dimes and K-Mart Stores for a targeted outreach effort in October 2000 on National Make a Difference Day.
- Work with Wal-Mart on a targeted outreach effort through their pharmacies.
- Assured that each of these efforts linked with the outreach coalitions in their local communities.
- Information regarding the freeze and guidance to local coalitions to assist them in refocusing their outreach activities was disseminated.

Once the freeze on enrollment was in effect (January 2001), the State:

- Developed various materials (letters/forms) to explain the freeze and waiting list to families, and to prepare for notification of families on the waiting list when the program reopened. All materials are now disseminated in English (one side) and Spanish (other side).
- Refocused on local Covering Kids grant-funded demonstration projects to further work in several areas:
  - Institutionalization of outreach through schools & child care

centers.
- Efforts to improve the re-enrollment process.
- Development of additional provider "Q & A Tools".
- Application form revisions.

C **Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?**

According to the Sheps Survey, Hispanic/Latino children were much more likely to be reached through the public health department compared to other children (58% compared to 24% of whites and 21% of blacks). They were also much less likely to hear about NC Health Choice from the Department of Social Services (38% of Hispanic/Latinos, compared to 62% of whites and 68% of blacks).

Through our Duke Endowment Health Choice Minority Outreach Grant, we targeted outreach to African American, Hispanic/Latino and American Indian communities. From those projects, we learned that outreach is most successfully accomplished when the message is delivered personally from someone they trust. The different projects have utilized door to door canvassing, home visiting, and outreach to community agencies, organizations, health care providers, businesses, media and churches that specifically serve the population being targeted. The Covering Kids Projects have also identified the above *lessons learned* from targeting minority and immigrant populations in their counties.

Outreach and enrollment materials must be translated into Spanish and interpreter services must be made available at critical sites where enrollment occurs and where health care services are provided. Toward that end, a Latino Work Group has worked with the state to identify Spanish-speaking contacts at the county-level to whom the NC Family Health Resource Line may refer Spanish-speaking callers who wish to enroll their children. The Line also maintains a database of free and/or reduced price clinics to whom they may refer immigrant families who do not qualify for Health Check / Health Choice due to the five-year waiting period.

The Sheps Survey also revealed that rural residents were more likely than urban residents to report hearing about the program from another health care provider (13% versus 6%) and from billboards (12% versus 6%).

For children living in rural areas, having local grassroots outreach coalitions was a key factor to our success. Outreach efforts were intense, multi-faceted and tailored to the communities. Some of our most rural counties in North Carolina experienced early success in enrolling children and most achieved (or exceeded) their target goal of enrolling all of their *projected* potentially eligible population.

We now know that our CPS data undercounted our potentially eligible population.

C Which methods best reached which populations? How have you measured effectiveness?

See above

2.5 Retention:

A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

State/Local Re-enrollment Process:

- The State mails re-enrollment forms to the families of Health Check and NC Health Choice children two months prior to the end date of their coverage year so the family does not have to go to the department of social services for a redetermination.
- Approximately 3 weeks after the re-enrollment form is mailed to the family, a postcard is sent. This postcard reminds the family to return the form.
- If the re-enrollment form is not returned by the 25th day of the 11th month, a "timely notice" (state-developed form) is sent by the local department of social services to the family advising them that they risk losing benefits unless the form is returned within 10 work days.
- Finally, four work days prior to the end of the 12th month, the State mails a "termination notice" if re-enrollment has not occurred.
- Families are still given a 10 day "grace period" for accepting late re-enrollments (which is the first 10 calendar days of the month following the end of the enrollment period).

Additional Outreach Activities Associated with Re-enrollment:

- The State emphasizes the importance of re-enrollment and *personal* outreach in communicating with local coalitions. Re-enrollment messages have also been plugged into State-sponsored television and radio public service announcements.
- At the county-level, agencies are pursuing the following strategies beyond the state-required process:
  - Discussing the annual re-enrollment process at the time of enrollment.
  - Sending additional, personalized letters and postcards.
  - Deputizing volunteers and/or other community agency staff to do personal follow-up with families due to re-enroll (after signing a "Confidential Information Agreement").
  - Utilizing department of social services staff to do personal follow-up.
  - And trying a variety of other creative strategies including: autodialers; local media coverage; utilizing community service agencies and health care providers to remind families to re-enroll; encouraging outstationed workers to assist families

with completion of re-enrollment forms; asking employers to assist with the re-enrollment process by providing documentation of income; utilizing local Health Check Coordinators (outreach workers) to encourage families to re-enroll; or hiring part-time staff to assist with re-enrollment.

- Since North Carolina is a county-administered system, many counties have worked out agreements with the school systems to encourage enrollment and re-enrollment in the program at the beginning of the school year (utilizing "Back to School" outreach efforts). This coincides with the initial start up of the program that began in October. School-based health centers have particularly focused on this approach.

B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

__X__ Follow-up by caseworkers/outreach workers
__X__ Renewal reminder notices to all families
__N/a__ Targeted mailing to selected populations, specify population
__X__ Information campaigns
__X__ Simplification of re-enrollment process, please describe
__X__ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
__X__ Other, please explain (See section 2.5 A and information below

In FFY 2000-2001, North Carolina through their covering Kids Project, conducted a series of focus groups to better understand participants' perceptions, attitudes and beliefs about Health Check and NC Health Choice and the factors important to their re-enrollment decisions. Additionally, the groups provided feedback on drafts of new re-enrollment materials and on re-enrollment processes. A report was published and disseminated to state policymakers.

Subsequent to the publication of this report, a State Re-enrollment Work Group was convened to follow through on recommendations from the focus groups and to develop a State Work Plan for Re-enrollment. In the first few months, the group has developed a plan for refinement of the reenrollment process and is already implementing various aspects of that plan (including graphically designed pieces and more family-friendly notices, with all materials printed in English and in Spanish). In addition, other strategies to improve re—enrollment have been developed into a work plan and work is beginning to achieve those objectives.

C. Are the same measures being used in Medicaid as well? If not, please describe the differences.

Yes, the same measures are being used in Health Check (Medicaid). Outreach for Health Check/NC Health Choice is seamless as the programs are marketed together, and the enrollment and re-enrollment processes are identical.

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

Although North Carolina does not have survey information that informs us regarding the most effective re-enrollment strategies from a statistically-significant perspective), the focus group report is helpful to our understanding of how the process can be improved.

Current measures that are contributing to our re-enrollment success to date include:

- **Mail-In Re-enrollment Form—mailed in envelope with logo. A re-enrollment message is being added to the outside of the envelope.**
- **Post Card—the look, timing and messages are being revised to reflect focus group input.**
- **Personal Follow-Up== focus groups recommend combination of friendly, clear/concise, graphically-designed notices and personal follow up or use of autodialer.**

One of the Covering Kids Pilots demonstrated the efficacy of a personal, family-friendly follow up "Urgent Letter" sent with a new re-enrollment application. Results of this effort over 6 months demonstrated that 25% of those receiving this reminder used that application to re-enroll.

Ironically, the freeze on new enrollment in NC Health Choice also contributed to our re-enrollment success. Letters were mailed to the families of all Health Choice enrolled children notifying them of the upcoming freeze on new enrollment and the importance of timely re-enrollment so that their children would not lose coverage for an indefinite period of time.

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information. **Of the 15,093 on the waiting list whose applications were denied, approximately 7% did not reenroll because they had private health insurance, 24% had Medicaid and 26% did not respond. We asked them as part of the process of getting off the waiting list. This is consistent with previously conducted surveys. Please see the Cecil Sheps Center report pages 32-33.**

2.6 Coordination between SCHIP and Medicaid:

A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? **Yes.** Please explain. **The application for both is the same; families are asked to provide pay stubs, everything else is self-verification subject to a look-back. No interview is required.**

B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes. **At the point of redetermination a child is placed in either Medicaid or S-CHIP depending on family income. We have attempted to make the process seamless.**

C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? **No.** Please explain**. Medicaid is offered through a PCCM system in all 100 counties. In Mecklenburg County, families could also opt for HMO plans. In all 100 counties, S-CHIP is offered on an any-willing-provider, fee-for-service basis.**

2.7 Cost Sharing:

A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **Yes, prior to the freeze, the failure to pay the enrollment fee was the leading cause of denial (only those over 150% of the federal poverty level are subject to this fee). In the early days of the program 70% of the children on NCHC were from families below 150% of the federal poverty level. Once that became known, several counties were approached or approached local foundations which decided to pay the enrollment fee. Before the freeze, the ratio of below 150% to above 150% had changed to 65% to 35%. The differential between these two groups on utilization of such high cost services as emergency rooms slightly lowered the per member per month cost with this shift.**

B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found? **No, because of the nominal fee, we have not studied it. The $20 emergency room out-of-pocket cost, however, appears to be less effective than was first thought. Current emergency room use seems to be rising among those over 150% fpl and is higher for all SCHIP children than for the dependent children members of the State Health Plan**

2.8 Assessment and Monitoring of Quality of Care:

A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results. **In general parents are very satisfied with the care available to them under SCHIP. Although they do report some problems seeing dentists, those families with children in SCHIP report that as a result of their health insurance their children are healthier, have fewer absences from school especially in preschool and primary years and are better able to participate in sports and other**

after school activities. See attached studies from the University of North Carolina at Charlotte and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.

B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care? **In addition to the two academic studies listed above, we use and analyze utilization data from claims forms. See attached Blue Cross/Blue Shield Utilization Report. Because the type of immunization cannot be obtained from claims forms, we also cross match our SCHIP members with Public Health's immunization data bank.**

C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available? **All previously contracted studies are now in. We will continue to monitor utilization rates for the next few years. Once the budget picture brightens, we will ask the General Assembly for permission to contract for more information.**

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

Please see the discussion of the freeze on new enrollments listed above. Our great success – we had enrolled at one point in December of 2000 77,000 children—was also our great barrier. We enrolled more children than we had funds to enroll. Therefore we had to freeze our program to new enrollments and allow membership to drop below the budgeted enrollment target for the following fiscal year (66,000) until a new state budget was adopted. Because this is an S-CHIP state, and not a Medicaid expansion or a combination state, when we run out of funds, for whatever reason, we cannot enroll more children. In this case, our state budget was based on CPS numbers and we did not have enough state money in our budget to enroll more children. There also exists in the state law a prohibition against transferring funds into the NC Health Choice for Children budget for the purpose of drawing down more federal funds than the approved state budget allows.

A. Eligibility

B. Outreach

C. Enrollment

D. Retention/disenrollment

E. Benefit structure

F. Cost-sharing

G. Delivery system

H. Coordination with other programs

I. Crowd-out

J. Other

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 **Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.**

N*ote: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01).* ***NOTE: Program was frozen for new enrollment from January 1,2001 to October 7, 2001.***

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate @ average of # eligibles	$75,791.519.00	$124,646,505.55	$142,823,467.46
Fee for Service			
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs			
Administration Costs			
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	$8,046,548.75	$8,952,073.85	$9.015.991.40
10% Administrative Cost Ceiling	$8,421,279.79	$13,849,611.73	$15,869,274.16
Federal Share (multiplied by enhanced FMAP rate)	$61,813,806.61	$97,553,682.68	$110,873,172.86
State Share	$22,024,260.14	$36,044,896.72	$40,966,286.00
TOTAL PROGRAM COSTS	$83,838,066.75	$133,598,579.40	$151,839,458.86

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001. N/A

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

__X__State appropriations
_____County/local funds
_____Employer contributions
__X__Foundation grants –outreach efforts, testing effective strategies (Duke Endowment -- $150,000 matched by Medicaid—targeting minority populations.)
_____Private donations (such as United Way, sponsorship)
_____Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures. No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	**Medicaid Expansion SCHIP program**	**Separate SCHIP program**
Program Name		**North Carolina Health Choice for Children**
Provides presumptive eligibility for children	_____No _____Yes, for whom and how long?	__x__No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No _____Yes, for whom and how long?	__x__No _____Yes, for whom and how long?
Makes eligibility determination	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff __x__Other *(specify)* Medicaid eligibility staff at the county level
Average length of stay on program	Specify months	Specify months 8.27 months
Has joint application for Medicaid and SCHIP	_____No _____Yes	_____No __x__Yes
Has a mail-in application	_____No _____Yes	_____No __x__Yes
Can apply for program over phone	_____No _____Yes	__x__No _____Yes
Can apply for program over internet	_____No _____Yes	__x__No _____Yes
Requires face-to-face interview during initial application	_____No _____Yes	__x__No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	_____No _____Yes, specify number of months What exemptions do you provide?	_____No __x__Yes, specify number of months 2 months What exemptions do you provide? No fault job loss, or insurance loss, Medicaid graduates, children with special needs, moved out of state. Plan amendment is pending to remove this provision for all applicants following the format established for Special Needs children.

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides period of continuous coverage regardless of income changes	_____No _____ Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period	_____No __x__Yes, specify number of months 12 months Explain circumstances when a child would lose eligibility during the time period *if acquired private health insurance or if applied for and approved for means tested assistance (for example SSI, TANF)*
Imposes premiums or enrollment fees	_____No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)	_____No __X__Yes, how much? Enrollment fee: $50 annually for one child; $100 for two or more children for those making above 150% fpl Who Can Pay? __X_ Employer _X__ Family __X_ Absent parent __X_ Private donations/sponsorship __X_ Other (specify) The source of this money has no legal restrictions
Imposes copayments or coinsurance	_____No _____Yes	_____No __X__Yes For families above 150% fpl $5 for provider visit, $6 per prescription drug; $20 for non-emergency emergency fee.
Provides preprinted redetermination process	_____ No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	_____ No __x___ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed **VERY LIMITED -name and address only. Form must be completed and signed and returned with accompanying income verfication**.

5.2 Please explain how the redetermination process differs from the initial application process.

The state mails the family a redetermination form with the name and address filled in. The family must complete and return, including sending in one month's worth of pay stubs (as in the original application), and an enrollment fee if they are above 150% of poverty.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher

__185__% of FPL for children under age ___1____
__133__% of FPL for children aged ___2-5_____
__100__% of FPL for children aged ___6-18_____

Medicaid SCHIP Expansion

____% of FPL for children aged _____
____% of FPL for children aged _____
____% of FPL for children aged _____

Separate SCHIP Program

__200__% of FPL for children aged __1_____
_200___% of FPL for children aged __2-5_____
_200___% of FPL for children aged___6-18_____

6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

____ Yes __X__ No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	$90 standard work related expenses	$	$90 standard work related expenses
Self-employment expenses	$operational expenses plus $90 standard work	$	$same
Alimony payments Received	$amount received with no deduction	$	$same
Paid	$amount paid	$	$amount paid
Child support payments Received	$amount received minus $50	$	$same
Paid	$amount paid	$	$amount paid
Child care expenses	$$175 for each child 2 years old and older $200 for each child under 2	$	$same
Medical care expenses	$n/a	$	$n/a
Gifts	$n/a	$	$n/a
Other types of disregards/deductions (specify)	$income deemed to TANF case	$	$income deemed to TANF case

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

X___No ___Yes, specify countable or allowable level of asset test_____

Medicaid SCHIP Expansion program

_X___No____Yes, specify countable or allowable level of asset test_____

Separate SCHIP program

_X___No____Yes, specify countable or allowable level of asset test_____

Other SCHIP program_____

____No____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2001?

X Yes _ __ No The eligibility for children with Special Needs changed on November 1, 2000. As of that date, a child with special needs as defined in our plan Amendment would be defined as uninsured under certain specific circumstances.

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2002 (10/1/01 through 9/30/02)? Please comment on why the changes are planned.

A. Family coverage

B. Employer sponsored insurance buy-in

C. 1115 waiver

D. Eligibility including presumptive and continuous eligibility –We anticipate updating our application form to make it more family friendly based on focus groups and readability scoring. We expect to eliminate the two-month period of uninsurance as a prerequisite for eligibility because it has not been found to be useful. We also anticipate changing the methodology for counting the income of the self-employed to simplify it for families.

E. Outreach It will be reinvigorated targeting minority groups and school children. We will fine tune our outreach efforts based on past successes and failures.

F. Enrollment/redetermination process

G. Contracting

H. Other – The NC General Assembly has passed a law permitting families to drop health insurance coverage upon enrollment in the program ending the two month waiting period for non-insurance. The action was taken because (1) there was no evidence that the waiting period had an impact on crowd-out and (2) with the freeze that had to be imposed on new enrollments some children were forced to remain uninsured for as long as ten months during the eight month freeze. Although the state hopes never to have to freeze new enrollments again, this is a possibility that always exists. A plan amendment is pending.

The program was reopened for new enrollment on October 8, 2001 when the NC General Assembly passed its budget. The budget will allow the program to enroll an average of 83,000 children. We anticipate being able to revamp our outreach efforts and to develop contingency plans so that should the need ever again rise for another freeze, the state will have marshalled the information county-by-county to provide

at least some protection to a list of identified uninsured/uninsured children who meet the program criteria.

APPENDIX A

RESULTS FOR THE RECIPIENT SURVEY GROUPS (CHILDREN)

For all results reported, the superscripts for each question number should be read as follows. Superscripts show for which programs there is a significant difference between Chronic and Non-Chronic groups. P, C, A, and H stand for CHIP (North Carolina Health Choice), Carolina ACCESS, ACCESS II/III, and HMO, respectively.

1. Our records show that you are now in North Carolina Health Choice. Is that right?

2. For NC Health Choice (CHIP), what is the name of your health plan or HMO?

	CHIP
NC Health Choice	70.5
BC/BS	14.5
Optimum Choice	0.3
ACCESS	0.1
Aflac	0.1
DSS	0.1
Atlantic	0.1
Wellness	0.1
Community Health	0.1
First Health	0.1
PPO Zero Plan	0.1
Health Check	0.1
No Response	12.7

3. [A] A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?

	CHIP	CA	AII/III	HMO
Yes	16.0	24.6	19.7	34.3
No	83.9	75.0	79.6	64.8
No Response	0.1	0.4	0.7	0.9

4. [PH] With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

	CHIP	CA	AII/III	HMO
Big Problem	0.7	0.8	1.2	3.9
Small Problem	0.8	1.9	1.9	1.8
Not a problem	14.5	20.3	16.3	27.7
Didn't get new Dr.	0.0	0.0	0.2	0.4
No Response	0.1	1.7	0.2	0.6
Skipped	84.0	75.4	80.3	65.7

5.[PAH] Do you have one person you think of as your child's personal doctor or nurse? (If your child has more than one personal doctor or nurse, choose the person your child sees most often.

	CHIP	CA	AII/III	HMO
Yes	71.9	79.4	63.8	68.3
No	28.0	20.3	36.2	31.2
Skipped	0.1	0.4	0.0	0.6

6.[PCAH] Is this person a general doctor, a pediatrician, a specialist doctor, a physician assistant, or a nurse practitioner?

	CHIP	CA	AII/III	HMO
General Doctor	27.3	34.2	15.2	25.9
Pediatrician	39.7	56.7	76.5	64.0
Specialist	2.4	3.4	4.5	5.7
Phys Asst.	1.3	2.9	1.1	1.6
Nurse Pract.	1.2	2.7	2.7	2.7

6a. [CAH] How many months or years has your child been going to his/her personal doctor or nurse?

	CHIP	CA	AII/III	HMO
< 6 mos.	2.7	3.0	2.9	8.8
6-12 mos.	5.7	4.5	1.4	10.3
12-24 mos.	11.6	12.1	8.1	16.7
2-5 yrs.	26.1	32.0	20.5	22.9
5 or more yrs.	25.0	26.9	30.6	9.2
Doesn't have Dr.	0.1	0.0	0.0	0.0
No Response	0.7	0.8	0.3	0.4
Skipped	28.1	20.6	36.2	31.7

7. [PA] In the last 6 months, how often did your child's personal doctor or nurse talk with you about how your child is feeling, growing, or behaving

	CHIP	CA	AII/III	HMO
Never	8.9	8.5	7.0	7.0
Sometimes	15.1	14.4	12.6	15.8
Usually	9.9	8.0	8.0	7.2
Always	33.6	44.1	32.6	36.5
Doesn't have Dr.	4.2	2.8	3.1	1.1
No Response	0.3	1.5	0.7	0.7
Skipped	28.1	20.6	36.2	31.7

8. We want to know your rating of your child's personal doctor or nurse. (If your child has more than one personal doctor or nurse, choose the person your child sees most often.) Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

	CHIP	CA	AII/III	HMO
0	0.1	0.2	0.0	0.3
1	0.0	0.0	0.0	0.3
2	0.1	0.0	0.3	0.5
3	0.0	0.7	0.5	0.3
4	0.3	0.2	0.3	1.1
5	1.6	1.7	1.3	3.5
6	1.2	2.7	0.8	1.6
7	5.0	5.8	5.4	3.8
8	14.6	17.1	19.9	18.4
9	12.1	14.7	14.5	14.9
10	36.3	56.8	57.0	55.4
Doesn't have one	0.1	0.0	0.0	0.0
Skipped	28.1	0.0	0.0	0.0
No Response	0.4	0.0	0.0	0.0

9. Does your child's personal doctor or nurse understand how any health conditions your child has affect his or her day-to-day life?

	CHIP	CA	AII/III	HMO
Yes	67.4	75.0	59.3	62.8
No	2.7	3.4	3.1	4.6

Doesn't have one	0.7	0.0	1.2	0.6
No Response	1.2	0.9	0.3	0.4
Skipped	28.1	20.6	36.2	31.7

10. Does your child's personal doctor or nurse know about all the services that Medicaid covers?

	CA	AII/III	HMO
Yes	64.8	55.0	50.8
No	1.1	1.0	1.3
Don't Know	13.4	7.6	16.0
Doesn't have one	0.0	0.2	0.0
No Response	0.0	0.0	0.2
Skipped	20.6	36.2	31.7

11. PCAH Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 6 months, did you or a doctor think your child needed to see a specialist?

	CHIP	CA	AII/III	HMO
Yes	19.5	28.8	24.6	25.5
No	80.4	71.0	75.4	74.5
No Response	0.1	0.2	0.0	0.0

12. In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist
that your child needed to see?

	CHIP	CA	AII/III	HMO
Big Problem	1.8	2.3	2.4	4.4
Small Problem	1.8	3.0	1.9	3.9
Not a problem	15.2	22	18.7	16.1
Didn't need to see specialist	0.2	0.4	0.2	0.0
No Response	0.4	1.1	1.5	1.1
Skipped	80.5	71.2	75.4	74.5

13. NCAH In the last 6 months, did your child see a specialist?

	CHIP	CA	AII/III	HMO
Yes	18.5	26.9	23.4	20.9
No	81.5	73.1	76.6	78.9
No Response	0.0	0.0	0.0	0.2

14. We want to know your rating of the specialist your child saw most often in the last 6 months, including a personal doctor if he/she was a specialist? Use any number from

0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible.

How would you rate your child's specialist?

	CHIP	CA	AII/III	HMO
1	0.0	0.0	0.7	0.0
2	0.1	0.0	0.7	1.8
3	0.4	0.0	0.0	0.0
4	0.0	1.4	0.7	1.8
5	0.4	3.6	2.2	5.3
6	0.7	0.0	1.5	3.5
7	1.2	11.6	2.2	9.7
8	4.8	11.6	15.7	10.6
9	2.4	14.5	16.4	12.4
10	8.3	57.2	59.7	54.9
Skipped	81.5	0.0	0.0	0.0

15. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

	CHIP	CA	AII/III	HMO
Yes	3.5	23.9	23.3	31.3
No	14.8	76.1	76.7	68.8
Doesn't have one	0.2	0.0	0.0	0.0
Skipped	81.5	0.0	0.0	0.0

16. NCAH In the last 6 months, did you call a doctor's office or clinic during regular office hours

to get help or advice for your child?

	CHIP	CA	AII/III	HMO
Yes	49.1	61.6	54.7	57.8
No	50.8	38.1	45.2	42.0
No Response	0.1	0.4	0.2	0.2

17. PA In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

	CHIP	CA	AII/III	HMO
Never	0.7	1.1	0.8	4.2

Sometimes	3.4	5.1	4.6	9.5
Usually	5.5	10.0	8.0	9.2
Always	39.3	45.3	41.3	34.5
Didn't call	0.1	0.0	0.0	0.2
No Response	0.1	0.0	0.0	0.2
Skipped	50.9	38.4	45.3	42.2

18. PCA A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care. In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

	CHIP	CA	AII/III	HMO
Yes	53.7	67.2	61.1	73.2
No	46.3	32.6	38.7	26.6
No Response	0.0	0.2	0.2	0.2

19. In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?

	CHIP	CA	AII/III	HMO
Never	1.1	0.9	0.7	4.0
Sometimes	4.1	8.7	5.3	14.7
Usually	12.1	13.4	12.7	11.4
Always	36.3	43.9	42.1	42.9
Didn't need appt.	0.0	0.0	0.0	0.2
No Response	0.1	0.2	0.3	0.0
Skipped	46.3	32.8	38.9	26.8

20. PCH In the last 6 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

	CHIP	CA	AII/III	HMO
Yes	33.6	33	31.4	36.1
No	66.4	66.9	68.6	63.9
No Response	0	0.2	0	0

21. In the last 6 months, when your child needed care right away for an illness or injury,

how often did your child get care as soon as you wanted?

	CHIP	CA	AII/III	HMO
Never	0.5	1.7	0.7	1.3
Sometimes	1.5	3.6	1.9	3.7
Usually	4.1	3.4	3.9	5.0
Always	27.2	24.1	24.8	25.9
Didn't need care	0.0	0.2	0.0	0.0
No Response	0.2	0.0	0.2	0.4
Skipped	66.4	67.0	68.6	63.9

22. In the last 6 months, how much of a problem, if any, was it to get emergency room care for your child

	CHIP	CA	AII/III	HMO
Big Problem	0.7	3.0	2.0	2.4
Small Problem	2.7	3.4	3.2	2.6
Not a Problem	25.4	24.8	22.6	28.4
No Response	4.9	1.7	3.6	2.8
Skipped	66.4	67.0	68.6	63.9

23. PCAH In the last 6 months, how many times did your child go to an emergency room?

CHIP		CA		AII/III		HMO	
0	79.2	0	71.0	0	81.3	0	66.8
1	15.9	1	18.2	1	13.2	1	20.7
2	3.0	2	6.3	2	2.9	2	7.9
3	0.5	3	2.3	3	1.7	3	2.4
4	0.7	4	0.8	4	0.3	4	0.6
8	0.1	5	0.4	5	0.2	5	0.4
9	0.1	15	0.2			6	0.7
50	0.1					10	0.6
No Response	0.3	No Response	0.9	No Response	0.3	No Response	0.0

24. PCAH In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

	CHIP	CA	AII/III	HMO
0	30.8	20.3	25.3	23.5

1	21.0	21.8	21.4	27.0
2	20.6	21	21.6	22.8
3	13.4	13.8	13.8	9.9
4	4.6	7.6	5.8	6.6
5-9	7.0	10.2	9.3	5.7
10 or more	2.5	25	2.5	4.6
No Response	0.1	0.6	0.3	0.0

25. [P] In the last 6 months, how much of a problem, if any, was it to get care for your child that
you or a doctor believed necessary?

	CHIP	CA	AII/III	HMO
Big problem	1.1	2.8	2.5	3.3
Small Problem	4.7	6.6	5.6	9.0
Not a Problem	63.4	70.1	66.2	64
No Response	0.1	0.2	0.3	0.2
Skipped	30.8	20.3	25.3	23.5

26. [H] In the last 6 months, how much of a problem, if any, were delays in your child's health
care while you waited for approval from your child's health plan?

	CHIP	CA	AII/III	HMO
Big Problem	1.6	2.8	2.5	5.7
Small Problem	3.0	6.6	5.6	7.0
Not a Problem	64.4	70.1	66.2	63.5
No Visits	0.0	0.0	0.2	0.0
No Response	0.2	0.0	0.3	0.4
Skipped	30.8	20.3	25.3	23.5

27. [P] In the last 6 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

	CHIP	CA	AII/III	HMO
Never	24.1	24.2	22.6	27.9
Sometimes	27.4	33.7	29.0	29.4
Usually	8.0	8.3	10.0	6.4
Always	9.5	12.7	12.6	12.5
I don't know	0.1	0.4	0.0	0.2
No Visits	0.0	0.2	0.0	0.0
No Response	0.1	0.2	0.5	0.2
Skipped	30.8	20.3	25.3	23.5

28. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat
you and your child with courtesy and respect?

	CHIP	CA	AII/III	HMO
Never	0.4	0.2	22.6	0.9
Sometimes	2.0	4.5	29.0	5.9
Usually	6.7	5.7	10.0	7.0
Always	60.0	69.3	12.6	62.8
I don't know	0.1	0.0	0.0	0.0
No Response	0.0	0.0	0.3	0.0
Skipped	30.8	20.3	25.3	23.5

29. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

	CHIP	CA	AII/III	HMO
Never	0.5	0.6	0.8	1.1
Sometimes	3.9	8.0	6.6	9.7
Usually	9.6	11.4	10.9	12.7
Always	55.1	59.7	56.0	52.7
I don't know	0.0	0.2	0.0	0.2
No Response	0.0	0.0	0.3	0.2
Skipped	30.8	20.3	25.3	23.5

30. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

	CHIP	CA	AII/III	HMO
Never	0.4	0.6	1.2	1.1
Sometimes	2.5	4.9	5.6	6.1
Usually	8.3	7.8	7.5	8.6
Always	58	66.1	60.1	60.2
I don't know	0.0	0.2	0.0	0.6
No Response	0.0	0.2	0.3	0.0
Skipped	30.8	20.3	25.3	23.5

31. In the last 6 months, how often did you have a hard time speaking with or understanding
your child's doctors or other health providers because you spoke different languages?

	CHIP	CA	AII/III	HMO
Never	64.7	72.3	67.4	68.4
Sometimes	2.7	4.9	5.1	4.2
Usually	0.4	0.4	0.3	0.7

Always	1.4	1.9	1.5	2.9
I don't know	0.0	0.0	0.0	0.2
No Visits	0.0	0.2	0.0	0.0
No Response	0.0	0.0	0.3	0.0
Skipped	30.8	20.3	25.3	23.5

32. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

	CHIP	CA	AII/III	HMO
Never	0.1	2.5	3.2	1.8
Sometimes	2.4	5.5	4.8	4.2
Usually	5.6	7.2	6.3	6.4
Always	61	64.4	60.1	64
I don't know	0.1	0.2	0.0	0.0
No Response	0.0	0.0	0.3	0.0
Skipped	30.8	20.3	25.3	23.5

33. In the last 6 months, have any of your child's doctors or other health providers talked with you about the skills you need to take care of your child?

	CHIP	CA	AII/III	HMO
Yes	40.6	48.9	48.6	48.3
No	28.3	30.9	25.5	27.5
No Response	0.3	0.0	0.7	0.7
Skipped	30.8	20.3	25.3	23.5

34. [A] In the last 6 months, have any of your child's doctors or other health providers given you support about the care you are providing for your child?

	CHIP	CA	AII/III	HMO
Yes	55.0	67.4	60.8	61.7
No	13.5	11.9	13.1	14.5
No Response	0.7	0.4	0.8	0.4
Skipped	30.8	20.3	25.3	23.5

35. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

	CHIP	CA	AII/III	HMO
Never	2.0	1.5	1.7	2.0
Sometimes	6.1	4.9	4.1	6.1

Usually	7.7	9.5	7.6	7.7
Always	60.6	63.8	60.6	60.6
I don't know	0.1	0.0	0.0	0.2
No Response	0.0	0.0	0.7	0.0
Skipped	30.8	20.3	25.3	23.5

36.[P] Is your child able to talk with doctors about his or her health care?

	CHIP	CA	AII/III	HMO
Yes	60.5	53.8	44.0	48.1
No	8.6	25.6	30.4	28.3
No Response	0.2	0.4	0.3	0.2
Skipped	30.8	20.3	25.3	23.5

37. In the last 6 months, how often did your child's doctors or other health providers explain things in a way your child could understand?

	CHIP	CA	AII/III	HMO
Never	0.8	2.1	1.7	1.5
Sometimes	5.1	8.7	3.9	4.6
Usually	9.8	8.1	8.5	9.2
Always	44.5	33.9	29.5	32.8
I don't know	0.2	0.8	0.0	0.0
No Visits	0.0	0.2	0.0	0.0
No Response	0.1	0.0	0.3	0.0
Skipped	39.5	46.2	56.0	51.9

38.[P] In the last 6 months, how often did doctors or other health providers spend enough time with you and your child?

	CHIP	CA	AII/III	HMO
Never	0.4	3.6	3.1	2.8
Sometimes	5.2	11.7	8.8	11.0
Usually	13.0	13.1	14.9	13.0
Always	50.5	50.6	47.2	49.5
I don't know	0.1	0.2	0.0	0.2
No Visits	0.0	0.2	0.0	0.0
No Response	0.0	0.4	0.7	0.0
Skipped	30.8	20.3	25.3	23.5

39. We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

	CHIP	CA	AII/III	HMO
0	0.1	0.2	0.2	0.7
1	0.0	0.0	0.2	0.2
2	0.2	0.2	0.0	0.2
3	0.2	0.2	0.2	0.2
4	0.2	1.0	1.4	0.7
5	0.8	2.6	2.3	4.8
6	1.4	1.9	1.2	2.9
7	5.1	6.0	6.7	7.9
8	13.8	21.9	19.4	18.7
9	14.7	17.9	22.6	15.8
10	32.4	48.1	45.9	47.7
Skipped	30.8	0.0	0.0	0.0
No Response	0.3	0.0	0.0	0.0

40. [PCAH] We want to know how you, your child's doctors, and other health providers make decisions about your child's health care. In the last 6 months, were any decisions made about your child's health care?

	CHIP	CA	AII/III	HMO
Yes	19.6	28.4	26.5	30.3
No	49.4	50.8	47.2	46.1
No Response	0.2	0.6	1.0	0.2
Skipped	30.8	20.3	25.3	23.5

41. [P] In the last 6 months, how often were you <u>involved as much as you wanted</u> in these decisions about your child's health care?

	CHIP	CA	AII/III	HMO
Never	0.5	0.2	0.5	0.2
Sometimes	0.7	0.8	1.0	1.3
Usually	1.5	3.0	1.2	2.8
Always	16.9	24.4	23.8	25.9
I don't know	0.0	0.0	0.0	0.2
Skipped	80.4	71.6	73.5	69.7

42. Sometimes a child's doctors or other health providers give <u>different opinions or information.</u> In the last 6 months, how much of a problem, if any, was this for you?

	CHIP	CA	AII/III	HMO
Big Problem	0.3	0.9	1.0	0.7
Small Problem	1.2	2.8	1.4	4.8
Not a Problem	17.6	24.6	23.9	24.8
No Response	0.5	0.0	0.2	0.0
Skipped	80.4	71.6	73.5	69.7

43. PCA Is your child now enrolled in any kind of school or day care program?

	CHIP	CA	AII/III	HMO
Yes	85.2	84.7	80.6	82.6
No	14.8	14.6	18.7	17.4
Home School	0.0	0.8	0.0	0.0
No Response	0.0	0.0	0.3	0.0

44. PCAH Does your child have health care needs that require any <u>special help</u> from teachers,
nurses, or staff at your child's school or day care program?

	CHIP	CA	AII/III	HMO
Yes	10.3	33.9	37.6	28.1
No	74.9	66.1	62.4	71.9
Skipped	14.8	0.0	0.0	0.0

45. P In the last 6 months, have any of your child's doctors or other health providers helped
<u>let the school or day care program know about these needs</u>?

	CHIP	CA	AII/III	HMO
Yes	6.3	20.1	21.1	14.7
No	4.0	8.0	8.8	7.7
Isn't enrolled	0.0	0.0	0.0	0.4
No Response	0.0	0.8	0.5	0.4
Skipped	89.7	71.2	69.6	76.9

46. H An interpreter is someone who repeats or signs what one person says in a language used by another person. In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

	CHIP	CA	AII/III	HMO
Yes	0.4	1.7	1.9	4.8
No	99.5	98.3	98.1	95.0
No Response	0.1	0.0	0.0	0.2

47. In the last 6 months, when you needed an interpreter to help you speak with your child's
doctors or other health providers, how often did you get one?

	CHIP	CA	AII/III	HMO
Never	0.1	0.6	0.2	0.2
Sometimes	0.2	0.2	0.5	1.5
Usually	0.1	0.9	0.2	1.1
Always	0.0	0.0	0.8	1.8
No Response	0.0	0.0	0.2	0.2
Skipped	99.6	98.3	98.1	95.2

48. In the last 6 months, did your child need an interpreter to help him or her speak with
doctors or other health providers?

	CHIP	CA	AII/III	HMO
Yes	0.1	0.4	0.3	1.3
No	0.2	1.3	1.4	3.5
No Response	0.0	0.0	0.2	0.0
Skipped	99.6	98.3	98.1	95.2

49. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

	CHIP	CA	AII/III	HMO
Never	0.0	0.2	0.2	0.0
Sometimes	0.1	0.0	0.2	0.6
Usually	0.0	0.0	0.0	0.4
Always	0.0	0.2	0.0	0.4
Skipped	99.9	99.6	99.7	98.7

50. PCAH Is your child 2 years old or younger?

	CHIP	CA	AII/III	HMO
Yes	5.9	10.2	14.4	16.0
No	94.1	89.8	85.6	84.0

51. Reminders from the doctor's office or clinic or from the health plan can come to you by
mail, by telephone or in-person during a visit. After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or
for shots or drops?

	CHIP	CA	AII/III	HMO
Yes	5.1	11.2	12.4	12.8
No	0.8	0.4	2.0	2.9
No Response	0.0	0.0	0.0	0.2
Skipped	94.1	88.4	85.6	84.0

52. Since your child was born, has he or she gone to a doctor or other health provider for
a check-up to see how he or she was doing or for shots or drops?

	CHIP	CA	AII/III	HMO
Yes	5.3	10.2	13.2	14.3
No	0.4	1.3	1.2	1.5
No Response	0.1	0.0	0.0	0.2
Skipped	94.1	88.4	85.6	84.0

53. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

	CHIP	CA	AII/III	HMO
Yes	5.2	9.5	12.7	13.2
No	0.1	0.6	0.3	0.9
No Response	0.0	0.2	0.2	0.2
Skipped	94.7	89.8	86.8	85.7

54. CA A <u>case manager</u> is someone other than your child's personal doctor who helps your child get services. Does your child have a case manager?

	CHIP	CA	AII/III	HMO
Yes	19.2	34.8	35.5	30.6
No	75.0	56.8	58.1	63.7
I don't know	5.7	8.3	6.5	5.3
No Response	0.1	0.0	0.0	0.4

55. PCAH In the last 6 months, did your child need to get or replace any special medical equipment or devices such as a walker, wheelchair**,** nebulizer, feeding tubes, or oxygen equipment?

	CHIP	CA	AII/III	HMO
Yes	3.9	9.9	6.1	7.7
No	95.9	90.1	93.9	92.3
No Response	0.1	0.0	0.0	0.0

56. In the last 6 months, how much of a problem, if any, was it to get the <u>special medical
equipment</u> your child needed through your health plan?

	CHIP	CA	AII/III	HMO
Big Problem	0.4	1.9	0.7	1.1

Small Problem	0.3	0.6	0.8	0.7
Not a problem	3.0	7.2	4.6	5.9
No Response	0.1	0.2	0.0	0.0
Skipped	96.1	90.2	93.9	92.3

57. PCAH In the last 6 months, did your child need special therapy, such as physical, occupational, or speech therapy?

	CHIP	CA	AII/III	HMO
Yes	3.5	18.9	19.0	15.7
No	96.5	81.1	81.0	84.0
5	0.0	0.0	0.0	0.4

58. In the last 6 months, how much of a problem, if any, was it to get the special therapy
your child needed through your child's health plan?

	CHIP	CA	AII/III	HMO
Big Problem	0.5	2.8	0.6	0.7
Small Problem	0.2	2.6	1.1	0.8
Not a Problem	2.2	5.9	12.3	13.9
Get therapy through school	0.3	4.2	2.5	3.3
No Response	0.2	0.8	1.0	1.1
Skipped	96.5	81.1	81.0	84.4

59. CAH Home health care services can include home nursing, or help with feeding, bathing,
or dressing your child. In the last 6 months, did you need someone to come into your home to give your child home health care or assistance?

	CHIP	CA	AII/III	HMO
Yes	0.0	2.7	2.5	2.4
No	100	97.3	97.5	97.6

60. In the last 6 months, how much of a problem, if any, was it to get these home health
care services for your child through your health plan?

	CA	AII/III	HMO
Big Problem	0.6	0.3	0.7
Small Problem	0.6	0.0	0.4
Not a Problem	1.5	2.0	1.3
No Response	0.0	0.2	0.0
Skipped	97.3	97.5	97.6

61. PCAH In the last 6 months, did your child need any treatment or counseling for an emotional, developmental, or behavior difficulty?

	CHIP	CA	AII/III	HMO
Yes	8.3	16.7	15.9	13.6
No	91.7	83.3	84.1	86.4

62. In the last 6 months, how much of a problem, if any, was it for you to get this treatment or counseling through your child's health plan?

	CHIP	CA	AII/III	HMO
Big Problem	0.5	2.8	1.5	2.9
Small Problem	0.7	1.3	1.4	2.4
Not a Problem	6.6	11.6	11.5	6.2
Didn't need treatment	0.1	0.0	0.0	0.2
Get through school	0.1	0.4	0.3	1.3
No Response	0.3	0.6	1.0	0.6
Skipped	91.7	83.3	84.2	86.4

63. In the last 6 months, did your child get any treatment or counseling for an emotional,
developmental, or behavior difficulty?

	CHIP	CA	AII/III	HMO
Yes	6.4	13.4	11.2	9.7
No	2.0	3.2	4.6	3.5
No Response	0.0	0.0	0.0	0.4
Skipped	91.7	83.3	84.2	86.4

64. We want to know your rating of your child's treatment or counseling for emotional, developmental, or behavior difficulties. Use any number from 0 to 10 where 0 is the worst treatment or counseling possible, and 10 is the best treatment or counseling possible. How would you rate your child's treatment or counseling now?

	CHIP	CA	AII/III	HMO
0	0.1	1.5	3.0	2.0
2	0.1	1.5	1.5	4.0
4	0.2	4.5	1.5	2.0
5	0.2	6.1	6.1	8.0
6	0.3	3.0	3.0	8.0
7	0.5	3.0	7.6	10.0
8	1.6	19.7	15.2	16.0
9	0.4	15.2	10.6	14.0
10	2.5	45.5	51.5	36.0
No Response	0.3	0.0	0.0	0.0
Skipped	93.6	0.0	0.0	0.0

65. Some states pay health plans such as Carolina Access to care for people covered by Medicaid. With these health plans, you may have to choose your child's doctor from the plan list or take your child to a clinic or health care center on the plan list. Is your child covered by a health plan like this?

	CA	AII/III	HMO
Yes	72.5	66.2	73.8
No	22.9	29.0	22.8
No Response	4.5	4.8	3.5

66.[H] Is this the health plan you use <u>for all or most of your child's health care</u>?

	CHIP	CA	AII/III	HMO
Yes	98.3	71.4	65.2	71.2
No	1.6	0.8	0.8	2.4
No Response	0.1	0.4	0.2	0.2
Skipped	0.0	27.5	33.8	26.2

67.[A] How many months or years <u>in a row</u> has your child been covered by this health plan?

	CHIP	CA	AII/III	HMO
< 6 mos	1.7	1.9	1.4	13.9
6-11 mos	18.4	3.4	2.5	6.2
12-24 mos	48.1	17.4	11.2	20.2
2-5 years	28.4	29.0	24.1	23.9
5-10 years	1.7	13.1	17.1	6.8
>=10 years	0.8	5.3	7.1	1.5
No Response	0.9	2.5	2.7	1.3
Skipped	0.0	27.5	33.8	26.2

68. Did you choose your child's doctor or were you told which doctor your child was to use?

	CHIP	CA	AII/III	HMO
I chose	86.5	62.1	53.3	49.7
Told which to use	10.8	9.5	12.4	23.5
No Response	2.7	0.9	0.5	0.6
Skipped	0.0	27.5	33.8	26.2

69. You can get information about your child's plan services in writing, by telephone, or in-person. Did you get any information about your child's health plan before you signed
him or her up for it?

	CHIP	CA	AII/III	HMO
Yes	71.2	42.2	35.5	49.9
No	28.2	26.7	29.0	23.5
No Response	0.7	3.6	1.7	0.4
Skipped	0.0	27.5	33.8	26.2

70. How much of the information you were given before you signed your child up for the
plan was correct?

	CHIP	CA	AII/III	HMO
All	54.4	29.2	25.5	30.8
Most	13.5	10.2	7.5	13.9
Some	2.6	1.5	1.4	3.3
None	0.2	0.2	0.0	0.4
Didn't get info.	0.0	0.2	0.0	0.0
No Response	0.4	0.2	1.2	1.5
Skipped	28.8	57.8	64.5	50.1

71. [P] In the last 6 months, did you look for any information in <u>written materials</u> from your child's health plan?

	CHIP	CA	AII/III	HMO
Yes	27.7	17.2	13.1	33.8
No	72.0	81.8	86.8	65.9
No Response	0.2	0.9	0.2	0.4

72. [CH] In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?

	CHIP	CA	AII/III	HMO
Big Problem	1.7	2.1	1.2	2.0
Small Problem	3.0	2.7	1.5	4.4
Not a Problem	22.9	12.1	10.4	26.8
No Response	0.1	0.4	0.0	0.6
Skipped	72.3	82.8	86.9	66.2

73. [PH] In the last 6 months, did you call the health plan's <u>customer service</u> to get information
or help for your child?

	CHIP	CA	AII/III	HMO
Yes	21.1	9.7	7.6	32.7
No	78.4	90.0	92.0	67.0
No Response	0.4	0.4	0.3	0.4

74. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

	CHIP	CA	AII/III	HMO
Big Problem	2.6	2.5	0.5	4.2
Small problem	3.0	1.7	1.2	7.3
Not a problem	15.4	5.5	5.9	20.9
No Response	0.1	0.0	0.0	0.2
Skipped	78.9	90.3	92.4	67.3

75. Paperwork means things like getting your child's ID card, having your child's records changed, processing forms, or other paperwork related to getting care for your child. In the last 6 months, did you have any experiences with paperwork for your child's health plan?

	CHIP	CA	AII/III	HMO
Yes	19.2	14.6	13.6	20.0
No	80.8	85.4	86.1	80.0
No Response	0.0	0.0	0.3	0.0

76.[H] In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

	CHIP	CA	AII/III	HMO
Big Problem	1.8	1.5	1	4
Small problem	2.6	2.5	1.4	4.4
Not a problem	14.7	10.6	11.2	11.6
Skipped	80.8	85.4	86.4	80.0

77. We want to know your rating of all your experience with your child's health plan. Use

any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

	CHIP	CA	AII/III	HMO
0	0.3	1.2	0.2	1.9
1	0.1	0.0	0.3	0.4
2	0.1	0.6	0.3	0.8
3	0.3	0.4	0.2	1.0
4	0.3	0.4	0.5	1.0
5	2.3	4.2	2.9	7.7
6	1.2	3.7	4.1	4.2
7	3.6	6.5	5.7	7.5
8	15.5	19.0	16.7	18.3
9	16.7	20.2	18.3	14.6
10	57.9	43.8	50.7	42.6
No Response	1.7	0.0	0.0	0.0

78. PCAH In the last 6 months, did your child get any new prescription medicine or refill a prescription?

	CHIP	CA	AII/III	HMO
Yes	52.8	60.7	56.1	48.0
No	47.2	39.3	43.9	52.0

79. In the last 6 months, how much of a problem, if any, was it to get your child's prescription medicine through his or her health plan?

	CHIP	CA	AII/III	HMO
Big Problem	1.4	1.3	0.5	1.3
Small Problem	1.6	2.8	2.7	1.7
Not a Problem	49.7	56.3	52.8	44.8
No Response	0.0	0.2	0.0	0.2
Skipped	47.2	39.4	44.0	52.1

80. In the last 6 months, how often did your child get the prescription medicine he or she needed through the health plan?

	CHIP	CA	AII/III	HMO
Never	0.4	0.4	0.3	1.5
Sometimes	2.3	4.7	4.6	5.1
Usually	1.7	2.5	3.9	3.3
Always	48.3	52.8	47.2	37.8
No Response	0.0	0.2	0.0	0.2
Skipped	47.2	39.4	44.0	52.1

81. P In the last 6 months, did your child ever have to get a generic medicine when you wanted a brand name medicine?

CHIP	CA	AII/III	HMO

Yes	4.6	11.6	9.2	9.7
No	47.2	46.8	45.8	36.3
Didn't get any prescriptions	0.0	0.0	0.2	0.0
No Response	0.5	1.9	0.5	0.4
Skipped	47.7	39.8	44.3	53.6

82. In the last 6 months, how often did your child have to get a generic medicine when you wanted a brand name medicine?

	CHIP	CA	AII/III	HMO
Never	0.0	1.1	0.0	0.4
Sometimes	1.6	4.7	3.7	3.9
Usually	0.3	1.1	1.5	1.1
Always	2.6	4.5	3.9	4.4
No Response	0.1	0.2	0.1	0.9
Skipped	95.4	88.4	90.8	90.3

83. PCAH In general, how would you rate your child's overall health now?

	CHIP	CA	AII/III	HMO
Excellent	42.0	31.9	36.5	37.8
Very good	31.4	28.5	25.8	28.3
Good	20.2	26.6	27.6	25.7
Fair	5.3	11.0	8.9	7.3
Poor	0.9	2.1	1.2	0.9
No Response	0.2	0.0	0.0	0.0

84. PCH In the last 6 months, has your child been a patient in a hospital overnight or longer?

	CHIP	CA	AII/III	HMO
Yes	2.1	4.9	5.3	4.8
No	96.4	95.1	93.7	93.6
No Response	1.5	0.0	1.0	1.7

85. PCAH Does your child currently need or use medicine prescribed by a doctor (other than vitamins)? Is this for ANY medical, behavioral, or health condition that has lasted or is expected to last for at least 12 months?

	CHIP	CA	AII/III	HMO
Yes	20.4	31.8	27.8	23.1
No	79.6	68.2	72.2	76.9

86. PCAH Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age? Is this for ANY medical, behavioral, or health condition that has lasted or is expected to last for at least 12 months?

	CHIP	CA	AII/III	HMO
Yes	7.2	28.0	23.8	21.5
No	92.8	72.0	76.2	78.5

87. PCAH Is your child **limited or prevented** in any way in his or her ability to do the things most children the same age can do? Is this for ANY medical, behavioral, or health condition that has lasted or is expected to last for at least 12 months?

	CHIP	CA	AII/III	HMO
Yes	4.6	25.4	23.8	18.9
No	95.4	74.6	76.2	81.1

88. PCAH Does your child need or get **special therapy**, such as physical, occupational, or speech therapy? Is this for ANY medical, behavioral, or health condition that has lasted or is expected to last for at least 12 months?

	CHIP	CA	AII/III	HMO
Yes	1.4	16.9	15.1	12.7
No	98.6	83.1	84.9	87.3

89. PCAH Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets **treatment or counseling**? Is this for ANY medical, behavioral, or health condition that has lasted or is expected to last for at least 12 months?

	CHIP	CA	AII/III	HMO
Yes	5.2	20.3	16.5	14.9
No	94.8	79.7	83.5	85.1

APPENDIX A

RESULTS FOR THE RECIPIENT SURVEY GROUPS (CHILDREN)

For all results reported, the superscripts for each question number should be read as follows. C, A, and H mean there is a significant difference between chronic and non-chronic groups for Carolina ACCESS, ACCESS II/III, and HMO respectively. The superscript M means there is a significant difference among delivery modes.

3. Our records show that you are now in Medicaid. Is that right?

4. What is the name of your child's health plan?

	CA	AII/III	HMO	CHIP
Medicaid	15.4	16.8	0.7	0
ACCESS	82.7	69.6	0.0	.1
Wellness	1.8	1.0	61.7	1.1
United Health	0.2	0.0	14.5	0
Health Choice	0.8	1.2	1.3	70.5
Principal/South Care	0.0	0.0	7.9	0
United Health	0.0	0.0	14.5	0
Atlantic	0.0	0.0	2.2	.1
Maxicare	0.0	0.0	1.5	0
Healthsource	0.0	0.2	0.0	0
CW Williams	0.0	0.0	0.2	0
Southcare	0.0	0.0	0.4	0
Ultimate Choice	0.0	0.0	0.4	0
Optimum Choice	0.0	0.0	1.5	.3
Meridian	0.0	0.0	0.0	0
Optic Care	0.0	0.0	0.2	0
CMC Transit	0.0	0.0	0.2	0
Memphis	0.0	0.0	0.2	0
Coventry	0.0	0.0	0.2	0
Medicare	0.2	0.0	0.0	0
BC/BS	0.2	0.0	0.7	14.5
First Health	0.2	0.0	0.0	.1
Wellpath	0.0	0.0	0.2	0
MIC	0.2	0.0	0.0	0
CAP	0.2	0.0	0.0	0
Lincoln Health	0.0	0.2	0.0	0
Med Call	0.0	0.2	0.0	0
Gifford Child Health	0.0	0.5	0.0	0
SSI	0.2	0.0	0.0	0
No Response	14.9	10.5	6.4	12.7

University of North Carolina Charlotte

Policy Report No. 9

Statewide Assessment of Patient Experience in

North Carolina Health Programs for Low-Income Populations: Evaluation of NC Health Choice for Children

by William P. Brandon, PhD, MPH, Nancy Schoeps, PhD,
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June 6, 2001

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EXECUTIVE SUMMARY

The "Statewide Assessment of Patient Experience in North Carolina Health Programs for Low-Income Populations: Evaluation of NC Health Choice for Children" presents research based on telephone interviews of a representative sample of Health Choice beneficiaries in North Carolina. This report presents the survey responses of beneficiaries to allow an assessment of health plan performance from the consumer perspective. In addition, the report compares significant differences between beneficiaries with a chronic health condition to those without a chronic condition.

The survey instrument utilized was designed to measure consumer perception of access, quality, and satisfaction. The access measures included perceived barriers to care as well as reported utilization, or realized care. The quality measures mainly focused on communication issues. The satisfaction ratings were a straightforward ranking of the various aspects of the health services received by the consumer in the six months prior to the survey. This survey was conducted from March 2000 through May 2000.

Overall, the consumer ratings showed good levels of realized access, few reports of perceived barriers and excellent marks for communication between providers and beneficiaries. Correspondingly, the satisfaction ratings for all aspects of the health services delivery were very high. There were some areas in need of improvement, but those are the exception rather than the rule. Similarly, there were few statistically significant differences between the chronic and non-chronic groups. Since there were so few questions that resulted in statistically significant differences between the chronic and non-chronic groups, those are highlighted in this report. However, those exceptions must be viewed in light of the overall high marks by all beneficiaries.

BACKGROUND

This Final Report of the "Statewide Assessment of Patient Experience in NC Health Choice for Children: Evaluation of NC Health Choice for Children" provides information about access, utilization and satisfaction from enrollees in North Carolina's child health insurance program (NC Health Choice). It is a companion volume to "The Statewide Assessment of Patient Experience of North Carolina Health Programs for Low-Income Populations." Together the two volumes present the results of a statewide telephone survey of populations enrolled in NC Health Choice and three Medicaid managed care programs--the principal state programs providing health care to low-income children and adults in North Carolina. (The Medicaid managed care programs include adults; NC Health Choice for Children is currently confined to children.)

NC Health Choice is the name of North Carolina's response to provisions in the Balanced Budget Act of 1997 authorizing states to establish child health insurance programs as part of Medicaid, as a separate program or as a combination of both options. North Carolina chose to start a separate program, which permitted the state to adopt a model of delivering and financing health care that differs from the Medicaid models. Specifically, NC Health Choice is an indemnity plan, which means that enrolled children can go to any health provider who is willing

to see them. The provider then bills Blue Cross-Blue Shield for payment. Blue Cross-Blue Shield, which administers the claims paying aspects of the North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan, uses the same reimbursement criteria for children in NC Health Choice that it uses to pay for care rendered to State employees and their dependents. The state health plan is the largest self-insured employer plan in North Carolina with 508,000 state employees, retirees and covered dependents in 2001 (Stobbe, 2001; Paul Sebo, personal communication); 65,129 children were enrolled in NC Health Choice in June 2000 (Smith, 2001). Because of its size, the state health plan enjoys virtually universal acceptance across the state. Although reimbursement rates are the same as those received by health providers treating State employees, the benefit package of Health Choice has been improved so that it mirrors the comprehensive benefits offered by Medicaid (Brandon, Chaudry and Sardell, 2001).

In contrast, Medicaid requires its beneficiaries to enroll in managed care--Carolina ACCESS, ACCESS II, ACCESS III, or (in Mecklenburg County only) risk-contracting HMOs. The first three programs are forms of primary care case management in which a primary care physician receives a small monthly management fee to serve as medical care coordinator and gatekeeper for each Medicaid beneficiary. All medical services are reimbursed at established Medicaid fee-for-service rates. Federal regulations require that any child who is eligible for Medicaid must be enrolled in that program rather than in NC Health Choice. In general, the Medicaid program in which beneficiaries are enrolled depends on where they live rather than program choice. Thus, despite the diversity of programs for low-income children, there is not much opportunity for adverse or favorable risk selection among the different delivery and financing models. These considerations suggest that a nationally important natural experiment is occurring in North Carolina that merits the highest quality evaluation.

NC Health Choice covers children who are not eligible for Medicaid in families with incomes up to 200% of the federal poverty level (FPL). If family income rises above 200% but below 226% FPL after one year of NC Health Choice enrollment, one year of continued coverage can be purchased at "full premium cost"--currently $120 per child per month (NC Senate Bill 2, 1998; June Milby, personal communication). Families with incomes above 150% FPL must pay an annual enrollment fee of $50 for one child or $100 for two or more children. There are no deductibles, but several copayments ($5 for most physician and outpatient hospital visits, $6 for outpatient prescription drugs, and $20 for some emergency department visits that do not lead to hospitalization) are authorized (Brandon, Chaudry and Sardell, 2001; NC Senate Bill 2, 1998).

Several advantages seem to flow from North Carolina's decision to adopt an indemnity plan tied to its employee coverage. First, its relatively generous reimbursement rates are attractive to health providers. Second, the massive State Teachers and Employees Plan and the clout of Blue Cross-Blue Shield enhance acceptance of NC Health Choice by both health providers and potential enrollees. These factors serve to truly differentiate NC Health Choice from Medicaid, thereby minimizing any stigma that some may attach to Medicaid as "welfare medicine." The legislative history of the "Act to Establish the Health Insurance Program for Children" shows that reducing stigma for families of the working poor was a consideration for some involved in the legislative process (Brandon, Chaudry, Sardell 2001).

Researchers at the University of North Carolina Charlotte conducted this research while under contract with the Division of Medical Assistance of the N.C. Department of Health and Human Services. The researchers hope that providing empirical information gathered from this unique group in a format that permits it to be compared with children in the Medicaid managed care populations will help program administrators, legislators, and the U.S. Health Care Financing Authority in making administrative and policy decisions.

The study used the Consumer Assessment of Health Plans Survey (CAHPS) instrument for all respondents. This survey, which was developed for the National Committee for Quality Assurance (NCQA), a nonprofit organization dedicated to developing objective, publicly available measures of quality and satisfaction in managed care plans, is the current state-of-the-art instrument in quality assessment. The U.S. Health Care Financing Administration mandates its use in evaluations of Medicaid managed care.

The UNC Charlotte researchers worked with the researchers at the Harvard University School of Medicine who had developed the initial survey instrument for NCQA to field test new questions developed to identify children with "special needs" (i.e., chronically ill children) using survey techniques. This collaboration, which was funded by the U.S. Agency for Health Care Policy and Research (now the Agency for Healthcare Research and Quality), permitted both larger samples of some of the survey populations and a methodology for comparing experiences reported for chronically ill NC Health Choice children with reports for healthy kids.

Comparisons of chronically ill enrollees and healthier insureds are important in light of the conventional wisdom and some research suggesting that managed care does not perform as well as fee-for-service insurance in dealing with the needs of chronically ill members of vulnerable populations such as children in low-income families (Ware et al., 1996; Druss et al., 2000). The ability to identify children with special needs in the NC Health Choice population, a low-income population enrolled in an unmanaged fee-for-service plan, permits researchers to compare chronic and nonchronic low-income children enrolled over the full range of current coverage arrangements. The fact that very little risk selection is possible and that the populations enrolled in the four delivery and financing plans are similar increases the significance of the natural experiment.

METHODS

DESIGN

Data were collected for children from across North Carolina who had been continuously enrolled in NC Health Choice for at least six months prior to December 30, 1999. Parents and guardians of children in this program were surveyed by telephone between March 22, 2000, and May 16, 2000.

This report presents the results of that survey on issues of health status, access and quality of care as well as consumer satisfaction. In addition, this report also compares the responses of Health Choice parents of children with a chronic condition with those of parents of non-chronic children. The chronicity of a target child was determined by a series of screener questions added to the CAHPS instrument. The development and use of these screener questions is discussed in greater detail in Policy Report No. 8: Statewide Assessment of Patient Experience in North Carolina Health Programs for Low-Income Populations, which is the full CAHPS report on the NC Medicaid program. For the chronic/non-chronic comparison, only the questions that showed statistically significant variation between chronic and non-chronic respondents are discussed.

Concurrent with the Health Choice survey, the CAHPS instrument was also used to compare Medicaid children in three programs in all 100 counties. **Appendix A** shows the frequency of responses for children covered by Health Choice and for children in the Mecklenburg County HMO program, Carolina ACCESS, and combined ACCESS II and III programs.

POPULATION

The population for the North Carolina Health Choice (Health Choice) program consisted of recipients who had received health care services for at least six months prior to the date the sample was drawn**. Table 1** presents demographic information for the persons included in the population and the group surveyed.

SAMPLE

A random sample was drawn on December 30, 1999, from files of the North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA). Respondent telephone numbers were obtained from the Departments of Social Services (DSS) for each county in North Carolina. The household-level and individual-level files and the telephone number files for each county were merged to create the sampling frames of individual recipients in the eligible program aid categories in each county. The merged files contained every recipient's name, address, telephone number,

demographic information, such as, sex, race, date of birth, ID, and program. Table 1 **provides detailed demographic information about the sample.**

The recipients in Mecklenburg County were oversampled for logistical reasons. The availability of computer generated phone lists in Mecklenburg allowed an increase in the number of recipients surveyed. Mecklenburg county recipients represent 6.5% of the population, but 38% of the survey respondents. The Addendum **to this report provides additional detail concerning the effect of this oversampling.**

Chronic Identifier

For the purposes of this report, children who answered any one of the screener questions (q85-89 and their associated parts a and b) in the affirmative were considered to have a chronic condition. Grant funding from the U.S. Agency for Healthcare Research and Quality, through the Harvard University School of Medicine, permitted the investigators to increase the number of recipients surveyed. Using the screener question criterion approximately one quarter of the children were identified as having a chronic condition. There is a complete discussion of the development and validation of the screener questions contained in the report that presents the CAHPS results for the Medicaid population.

SURVEY

The Urban Institute at UNC-Charlotte conducted 923 telephone interviews of a parent or other knowledgeable adult, using the instrument appended to this report. Results of the survey are presented in **Appendix A.** A copy of the survey utilized is attached as **Appendix B**.

Response Rates

The response rate was calculated in accordance with CAHPS requirements. According to the CAHPS 2.0 Survey reporting requirements, the adjusted response rate is properly calculated by dividing the number of completed questionnaires by the total number of respondents selected, after the number of deceased and ineligible selected respondents are subtracted. A questionnaire is deemed complete if 10 or more key CAHPS questions contained responses. This formula is fairly stringent and does not allow exclusion of refusals, incompetent, non-locatable or unavailable respondents from the denominator. Using this calculation, the response rate for the Health Choice survey was 40%.

PROCEDURE

The UNC Charlotte Human Subjects Committee exempted the study from review. This

exemption was granted because the study qualified as a demonstration project subject to the approval of the public agency heads, and was designed to examine a public benefit program. Participation in the interview implied consent with no incentives used.

The UNC Charlotte Urban Institute hired, trained, and supervised undergraduate students for the survey. Each undergraduate student interviewer participated in one of the three separate hour and a half-long training sessions held on March 22, March 23 and March 29, 2000, during which he or she received general background information about the study and reviewed the survey questions. There were 20 undergraduate surveyors, 15 of whom were female. There were 14 African-American, 5 White and one Middle-Eastern surveyors.

Telephone interviews were conducted from the UNC Charlotte Urban Institute offices on UNC Charlotte's main campus primarily between 5:00 and 9:00 p.m., Monday through Thursday. A survey supervisor was present every evening to answer interviewer and participant questions. Students made return calls for individuals available only during the day. Telephone interviews took approximately 15 to 20 minutes for respondents to complete. Replacement respondents were randomly selected to replace those individuals in the original sample who either could not be reached by telephone, were ineligible for or terminated from the program, or were unable or unwilling to participate. A recipient included in the sample was not replaced until each available phone number identified for that individual was called at least seven (7) times.

UNC Charlotte Urban Institute staff completed coding, entry, and validation of quantitative survey data. Accordingly, interviews were checked for completion and accuracy at the conclusion of the interview by the interviewer. Surveys were again reviewed for completeness and accuracy before data entry. As an additional precaution, the staff employed a data entry program that allowed only authentic responses to be entered. Entering data separately on two occasions ensured verification of data entry. The data program was then utilized to screen for discrepancies, allowing for the correction of any discrepant responses. Finally, The UNC Charlotte Urban Institute reviewed all completed surveys for potential errors in coding and entry of qualitative and quantitative data.

DATA ANALYSIS

Analysis of quantitative data was conducted using the Statistical Analysis System (SAS) PC version. Descriptive statistics including frequencies and percentages for categorical and ordinal data and measures of central tendency and variability for quantitative data were used. Chi-square tests were used to detect statistically significant differences and to calculate expected frequencies with categorical data. In all analyses, a statistical significance level of 0.05 was used and all "no response "or "don't know" answers were eliminated. **Appendix A** includes the frequencies for all questions including the percentage of "no response" and "don't know" answers. **Appendix A** also has information about which of the questions showed significant differences between chronic and non-chronic groups for North Carolina Health Choice and each of the Medicaid programs.

INSTRUMENT

The survey instrument utilized was the Consumer Assessment of Health Plans, commonly referred to as CAHPS. Questions in the CAHPS instrument address a wide variety of issues, with a primary focus on various issues associated with access to health care. In assessing access to care, the instrument explores barriers to health care, use of services, and the speed with which care is received. The questionnaire also has a significant emphasis on collecting information regarding quality issues and respondent satisfaction with care. In addition, one question in the instrument measures perceived health status. CAHPS is a pre-tested and well-documented family of instruments designed to be appropriate for specific age groups and for different modes of health care delivery. The managed care version was used for all respondents.

NC Contribution to Development of "Screener Questions"

In addition, North Carolina served as a testing site for a new set of supplemental CAHPS questions. In collaboration with researchers in the Harvard Medical School and the University of Arkansas School of Medicine, the investigators included this new set of questions in the survey. This new set, which has now been titled the "Children with Special Healthcare Needs Module" (CHSN Module), was developed in an effort to standardize the identification of children with special needs and assess their receipt of health care services in the various delivery modes. As defined by the Maternal and Child Health Bureau in July, 1998, children with special healthcare needs are those with "[1] a chronic physical, developmental, behavioral, or emotional condition and [2] who also require health and related services of a type or amount beyond that required by children generally." The NC CAHPS survey included these new questions, then referred to as the "screener" questions into the survey instrument in an effort to test their validity in identifying these children. Sixty (60) of the interviews with the child instruments were tape recorded and analyzed by researchers at the Center for Survey Research at the University of Massachusetts Boston as part of an ongoing effort to improve survey questions. (Fowler & Gallagher, 2000) The preliminary results produced by Joe Thompson, MD, at the University of Arkansas School of medicine indicate that this set of questions does appropriately identify children with on-going special healthcare needs.

CHARACTERISTICS OF POPULATION, SAMPLE & RESPONDENTS

A substantial amount of information was collected on the characteristics of the respondents. Much of this information is presented in detail in **Table 1.** However, it is helpful to point out here some of the more significant characteristics of the respondents.

RACE

The target children actually surveyed were 45% Black, 44% White and 5% Hispanic, with 6% falling into the "Other" category. These proportions differ from the comparable percentages in the NC Health Choice population. In the Health Choice population the percentage of Black recipients is 34.5% with White recipients representing 54.3%. The difference in the percentages is primarily attributed to the oversampling in Mecklenburg County where the percentage of Black recipients in the Health Choice population is 63.8%. See **Table 1** for further details.

AGE

The sample and Health Choice population had very similar age distributions. The majority of the children that were the subject of the survey were between the ages of 5 and 14. Approximately 60% of both the respondent group and the population contained children of this age. For the respondent group, 6.2% were two years or less, 6.5% were between 2 and 5, 22.6% were between 14 and 18 years old, and 4.8% were between 18 and 25. The respondent group had a higher percentage of children ages two years or less and a lower percentage of children between 2 and 5 years old. **Table 1** provides more detail on the age classification parameters and exact distribution.

GENDER

The ratio of males to females in the target children was well balanced. Approximately fifty percent of both the target children and the Health Choice population were female. **Table 1** provides additional details.

TABLE 1							
HEALTH CHOICE		Respondents		Sample		Population	
		Count	%	Count	%	Count	%
Gender	Female	466	50.5	1399	50.4	10741	49.3
	Male	457	49.5	1375	49.6	11047	50.7
	TOTAL	923		2774		21788	
Ethnic	Asian	7	0.8	45	1.6	186	0.9
Background	Black	418	45.3	1323	47.7	7516	34.5
	Hispanic	46	5.0	182	6.6	1188	5.5
	Native Am	17	1.8	34	1.2	453	2.1
	Other	28	3.0	72	2.6	608	2.8
	White	407	44.1	1118	40.3	11837	54.3
	TOTAL	923		2774		21788	
Age	0 <= 2	57	6.2	98	3.5	935	4.3
	2 <= 5	60	6.5	308	11.1	2596	11.9
	6 <= 14	553	59.9	1674	60.3	13051	59.9
	14 <= 18	209	22.6	579	20.9	4381	20.1
	18 <25	44	4.8	115	4.1	825	3.8
	TOTAL	923		2774		21788	

RESULTS FOR ALL RESPONDENTS REGARDLESS OF CHRONICITY OF TARGET CHILD

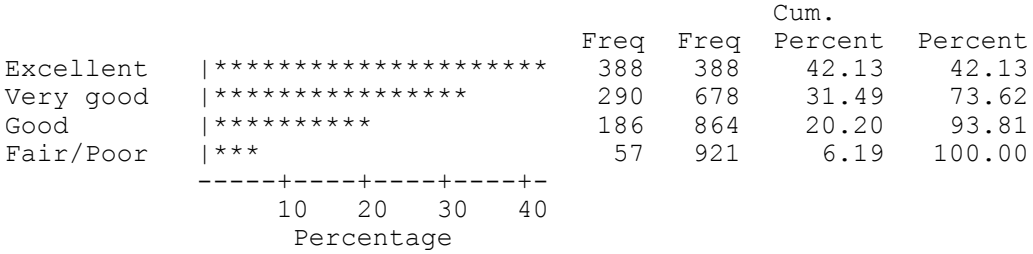
HEALTH STATUS OF TARGET CHILDREN

Health Status as Reported via Parent or Guardian

According to parental report, most of the target children were in either "excellent" or "very good" health at the time of the survey. Correspondingly, very few parents reported that their child was in "poor" or "fair" health. It is important to note that the survey question is phrased in very broad terms. Therefore, parents of children who do not have a chronic condition or any other long-term illness, but were nevertheless ill at the time of the survey with a benign, acute illness, such as the common cold, might have rated their child's health as "Poor" or "Fair". Similarly, parents of a child with a chronic condition that is well managed, such as diabetes, might rate their child's overall health as "Good" or better. Therefore, the CAHPS survey also utilizes additional survey questions, discussed below, to determine the actual health status of the surveyed group.

*Figure_1_*

Q83 In general, how would you rate your child's overall health status now?



Other Indicators of Health Status

Beyond direct assessment of current health status, the CAHPS survey also included many questions that indirectly assessed the relative health status of the target children. Many of these questions examined the target child's need for special services, such as medical equipment and home health care. Other questions dealt with the target child's physical limitations and health conditions. The vast majority of parents reported that their child did not need any special health care services or medical equipment, as **Figures 2** through **6** illustrate.

Figure 2

Q44 Does your child have health care needs that require any special help from teachers, nurses, or staff at your child's school or day care program?

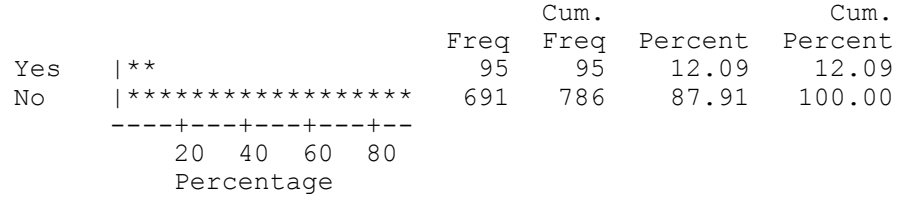


Figure 3

Q55 In the last 6 months, did your child need to get or replace any special medical equipment or devices such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

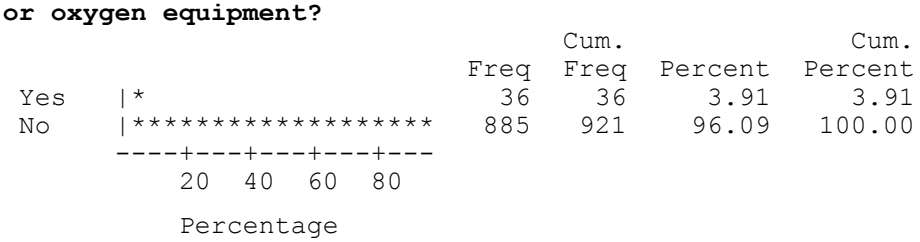
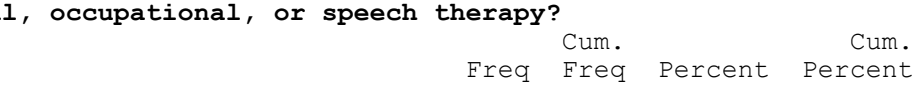


Figure 4

Q57 In the last 6 months, did your child need special therapy, such as physical, occupational, or speech therapy?



```
Yes   |*                     32    32     3.47     3.47
No    |******************   891   923    96.53   100.00
      ----+---+---+---+---
          20  40  60  80
          Percentage
```

Figure 5

Q59 Home health care services can include home nursing, or help with feeding, bathing, or dressing your child. In the last 6 months, did you need someone to come into your home to give your child home health care or assistance?

```
                                  Cum.              Cum.
                            Freq  Freq  Percent  Percent
No    |******************   923   923   100.00   100.00
      ----+---+---+---+---+
          20  40  60  80 100
          Percentage
```

Figure 6

Q61 In the last 6 months, did your child need any treatment or counseling for an emotional, developmental, or behavior difficulty?

```
                                  Cum.              Cum.
                            Freq  Freq  Percent  Percent
Yes   |**                    77    77     8.34     8.34
No    |*****************   846   923    91.66   100.00
      ----+---+---+---+--
          20  40  60  80
           Percentage
```

Screener Questions

Five screener questions with subparts were added to the CAHPS survey instrument to identify children with ongoing special healthcare needs. These questions were part of a project to investigate whether or not these additional survey questions were accurate tools for early identification of this sub-group of children. The results of the five questions involved are presented below. If the respondent answered in the affirmative to any one of the five questions (and associated a and b parts of each question), the target child was classified as having a chronic condition.

Figure 7

Q85 Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

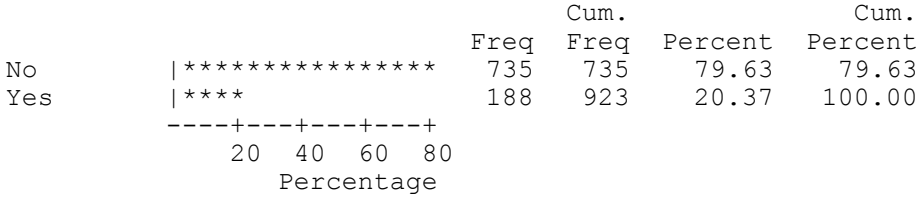


Figure 8

Q86 Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?

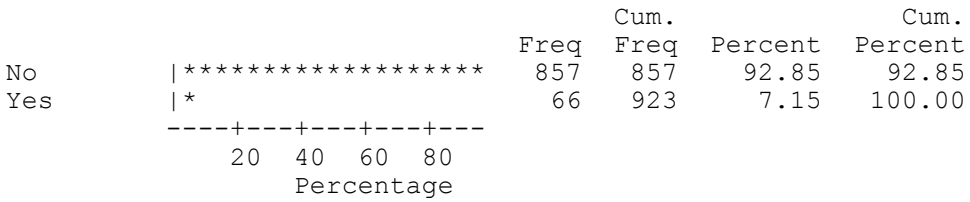


Figure 9

Q87 Is your child limited or prevented in any way in his or her ability to do the things most children the same age can do?

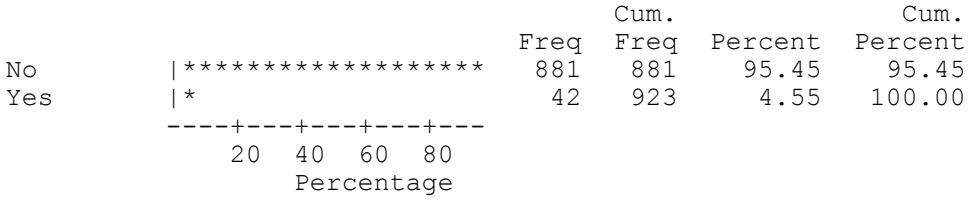


Figure 10

Q88 Does your child need or get special therapy, such as physical, occupational, or speech therapy?

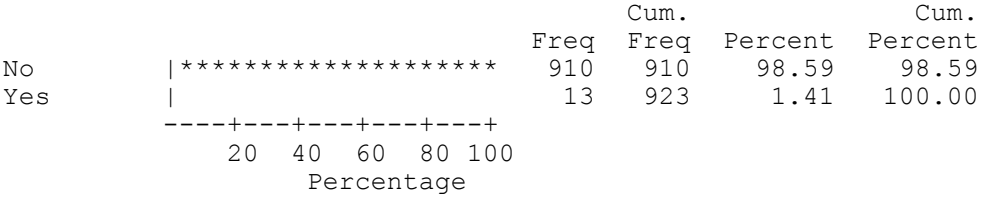
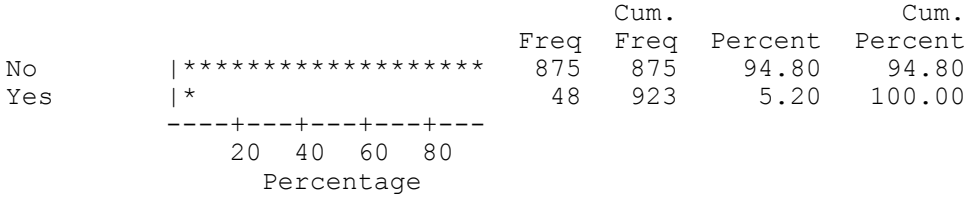


Figure 11

Q89 Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?



GENERAL CHARACTERISTICS OF HEALTH CARE DELIVERY

The CAHPS survey instrument examined two different types of issues with regard to how services were delivered to children: (1) continuity of care, and (2) the type of doctor most regularly seen by the child.

Continuity of Care-

Receipt of a new personal health care provider upon enrollment and the length of the child's relationship with his/her personal physician were utilized to assess continuity of care for target children. Continuity of care is an important issue in the assessment of health care delivery modes for all populations. Accordingly, one of the CAHPS survey questions sought to determine whether or not the target child received a new personal doctor or nurse upon enrollment in Health Choice, or at any time subsequent to enrollment. As is clear from **Figure 12**, most parents reported that their child did not receive a new personal physician either upon enrollment or up until the date of the survey.

In addition, for those parents who reported that their child had a personal doctor at the time of the survey, a related question addressed the length of time the child had been a patient of that provider. Most parents reported that their child had been seeing this personal physician for at least 2 years, as is illustrated in **Figure 13**. These results are not surprising because NC Health Choice operates as an indemnity plan allowing the parents greater options in selecting providers than with an HMO.

Figure 12

Q3 A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?

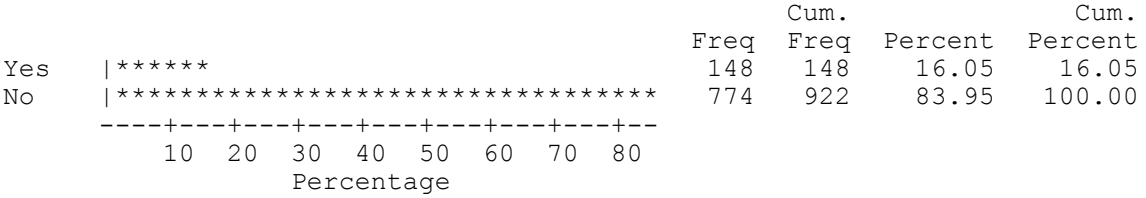


Figure 13

Q6a How many months or years has your child been going to his/her personal doctor or nurse?

Cum. Cum.

		Freq	Cum. Freq	Percent	Cum. Percent
< 6 mo	**	25	25	3.81	3.81
6 to 12 mo	****	53	78	8.07	11.87
12 to 24 mo	********	107	185	16.29	28.16
2 to 5 yrs	**********	241	426	36.68	64.84
5+ yrs	**********	231	657	35.16	100.00

10 20 30
Percentage

Specialty of Personal Physician-

One survey question addressed the type of health care professional the respondent considered to be the child's personal doctor or nurse. A slight majority of parents reported that their child's personal physician at the time of the survey was a pediatrician. The next most frequent type of physician reported was a general doctor, as is illustrated in **Figure 14.** A second, somewhat related, question asked parents of children who had seen a specialist whether the specialist was the same as the child's personal doctor. As is clear from **Figure 15**, only a small percentage of the 180 parents whose child had seen a specialist reported that the specialist was their child's personal doctor. Parents whose child did not see a specialist in the six months prior to the survey did not address this survey question.

Figure 14

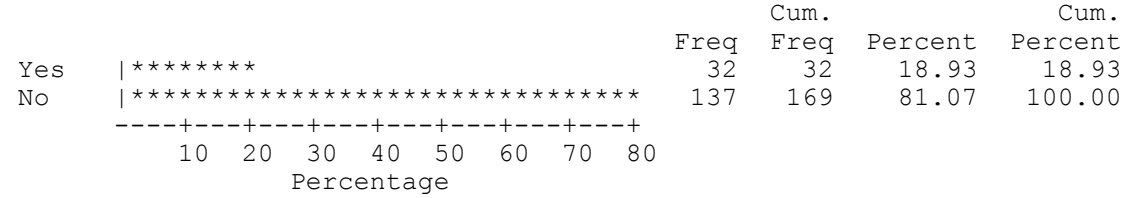
Q6 Is this person a general doctor, a pediatrician, a specialist doctor, a physician assistant, or a nurse practitioner?

		Freq	Cum. Freq	Percent	Cum. Percent
Gen. doctor	**********	252	252	38.01	38.01
Pediatrician	**********	366	618	55.20	93.21
Specialist	*	22	640	3.32	96.53
Phys. Asst.	*	12	652	1.81	98.34
Nurse Pract.	*	11	663	1.66	100.00

10 20 30 40 50
Percentage

Figure 15

Q15 In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?



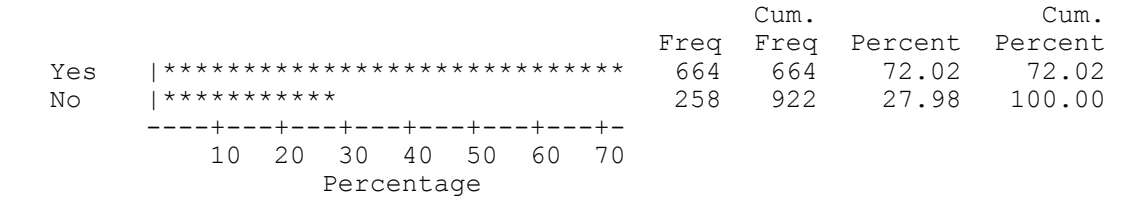
ACCESS

Potential Access or Capacity to Provide Care-

Association with a clearly identifiable primary care physician (PCP) has been associated with more efficient utilization patterns and improved health outcomes for some populations. The ability to consistently access an identifiable PCP is a significant factor in Medicaid beneficiary satisfaction levels. (Chaudry, 2001**)** Potential access to PCP's and to specialists when warranted are, therefore, key factors in assessing the performance of a health service delivery mode. As **Figure 16** demonstrates, the majority of parents reported that their child had a personal physician at the time of the survey. However, there is substantial room for improvement, as at least one in four target Health Choice children did not have an identifiable personal physician from which to receive primary care. Because this program functions as an indemnity plan administered by Blue Cross-Blue Shield in a manner similar to its operation of the health benefits plan for the NC state employees, Health Choice does not share Medicaid's emphasis on securing a PCP for each enrollee.

Figure 16

Q5 Do you have one person you think of as your child's personal doctor or nurse?

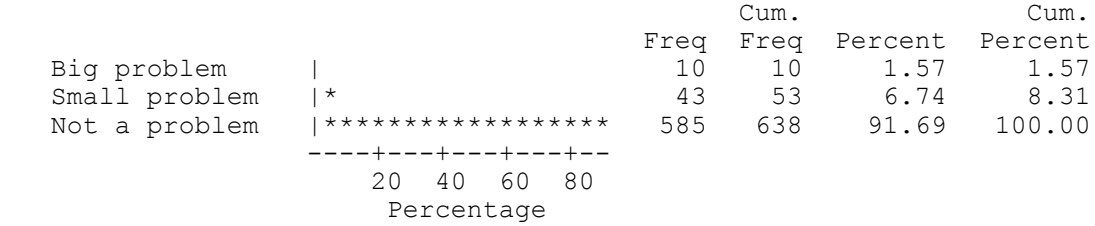


Perceived Barriers to Care-

Few parents reported any problems in obtaining needed services for their child. Perceived access to health care in general as well as to particular services such as primary care, specialty care and urgent care appears to be fairly high, as **Figure 17** illustrates.

Figure 17

Q25 In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

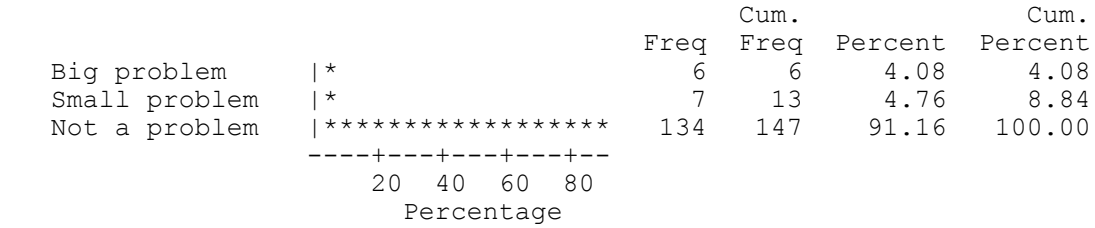


-Personal Doctor

Of the parents whose child did receive a new personal physician around the time of enrollment in Health Choice, there were few that reported any difficulties in finding a satisfactory personal physician as **Figure 18** illustrates. However, it is important to note that many of the respondents did not answer this question because their child had not received a new physician. The responses exclude those respondents whose children continued to see the same physician or whose children did not have a personal doctor at the time of the survey. This question may be somewhat misleading because NC Health Choice is not a managed care plan that would emphasize assignment to a primary care provider (PCP).

Figure 18

Q4 With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

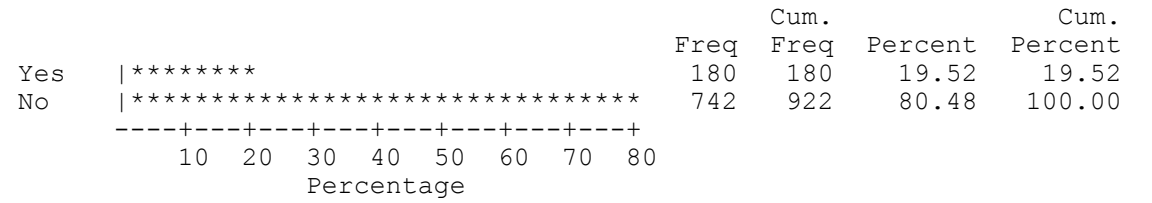


-Specialty Care

Figure 19 demonstrates that few parents reported that either they or their child's doctor thought that the target child needed to see a specialist in the six months prior to the survey. Of those respondents who did report a need for a specialist, the majority reported that it was "not a problem" to receive a referral. However, this leaves one in five parents reporting some level of a problem accessing referrals for their child, as is shown in **Figure 20**.

Figure 19

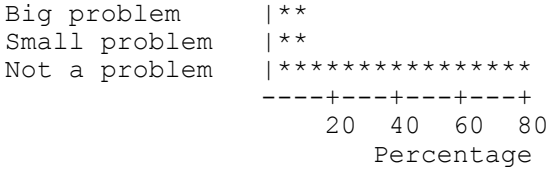
Q11 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 6 months, did you or a doctor think your child needed to see a specialist?



	Freq	Cum. Freq	Percent	Cum. Percent
Yes	180	180	19.52	19.52
No	742	922	80.48	100.00

Figure 20

Q12 In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?



	Freq	Cum. Freq	Percent	Cum. Percent
Big problem	17	17	9.77	9.77
Small problem	17	34	9.77	19.54
Not a problem	140	174	80.46	100.00

-Emergency Department

As is clear from **Figure 21**, the majority of parents did not report that their child was in need of urgent care for an injury or illness in the six months prior to the survey. For those who did report a need for urgent care, few reported any problems in accessing an emergency room. **Figure 22** shows that most parents whose child needed such services said it was "not a problem" to get that care. However, since only those parents who reported a need for this service addressed this question, the percentage that reported some level of problem for this time-sensitive service should receive heightened focus.

Figure 21

Q20 In the last 6 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

	Freq	Cum. Freq	Percent	Cum. Percent

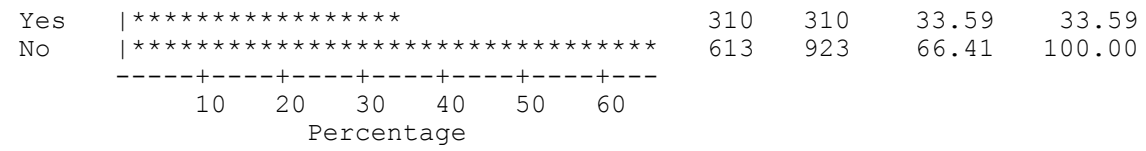


Figure 22

Q22 In the last 6 months, how much of a problem, if any, was it to get emergency room care for your child?

	Freq	Cum. Freq	Percent	Cum. Percent
Big problem	6	6	2.26	2.26
Small problem	25	31	9.43	11.70
Not a problem	234	265	88.30	100.00

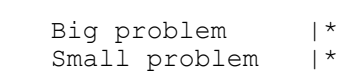
-Prescription Drugs

Figure 23 illustrates that of the parents whose child needed a prescription medication during the six months prior to the survey, the vast majority reported it was "not a problem" to obtain them.

Figure 23

Q79 In the last 6 months, how much of a problem, if any, was it to get your child's prescription medicine through his or her health plan?

	Freq	Cum. Freq	Percent	Cum. Percent
Big problem	13	13	2.67	2.67
Small problem	15	28	3.08	5.75
Not a problem	459	487	94.25	100.00



-Specialized Services

Three questions of interest addressed more specialized services, such as counseling, physical therapy and medical equipment. Only a limited number of respondents addressed these questions because most of the target children did not need these items in the six months prior to the survey. The majority of parents who reported a need for specialized services for their child said that it was not a problem to obtain access to those services, as is illustrated in **Figures 24, 25 and 26**.

Figure 24

Q56 In the last 6 months, how much of a problem, if any, was it to get the special medical equipment your child needed through your health plan?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem	**	4	4	11.43	11.43
Small problem	**	3	7	8.57	20.00
Not a problem	**********	28	35	80.00	100.00

20 40 60 80
Percentage

Figure 25

Q58 In the last 6 months, how much of a problem, if any, was it to get the special therapy your child needed through your child's health plan?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem	****	5	5	18.52	18.52
Small problem	*	2	7	7.41	25.93
Not a problem	**********	20	27	74.07	100.00

20 40 60
Percentage

Figure 26

Q62 In the last 6 months, how much of a problem, if any, was it for you to get this treatment or counseling through your child's health plan?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem	*	5	5	6.94	6.94
Small problem	**	6	11	8.33	15.28
Not a problem	**********	61	72	84.72	100.00

20 40 60 80
Percentage

Realized Access or Obtained Care

-Appointments

A slight majority of the parents reported that they made an appointment for routine care for their child during the six months prior to the survey, as **Figure 27** illustrates.

Figure 27

Q18 A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care. In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	**********	496	496	53.74	53.74
No	**********	427	923	46.26	100.00

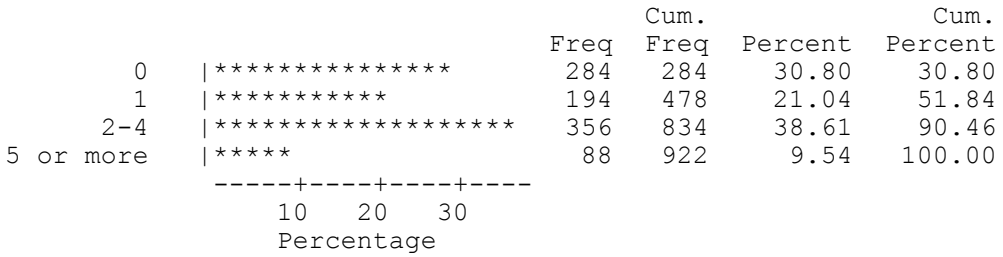
10 20 30 40 50
Percentage

-*Office Visits (Q24)*

The majority of parents reported that their child made at least one visit to a doctor's office, excluding an emergency department, as **Figure 28** illustrates. This is a highly positive finding as there is general agreement that "preventive care is fundamental to child health care. Children are and should be high utilizers of preventive services because the appropriate receipt of preventive services may reduce adverse health outcomes later in life." (Szilagyi, 1998)

Figure 28

Q24 In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?



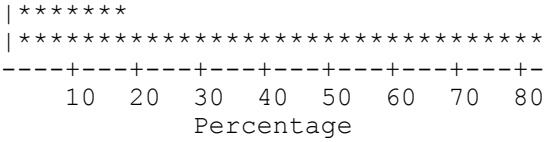
	Freq	Cum. Freq	Percent	Cum. Percent
0	284	284	30.80	30.80
1	194	478	21.04	51.84
2-4	356	834	38.61	90.46
5 or more	88	922	9.54	100.00

-Specialist Visits

The majority of respondents reported that their child had not seen a specialist in the six months prior to the survey, as **Figure 29** illustrates.

Figure 29

Q13 In the last 6 months, did your child see a specialist?



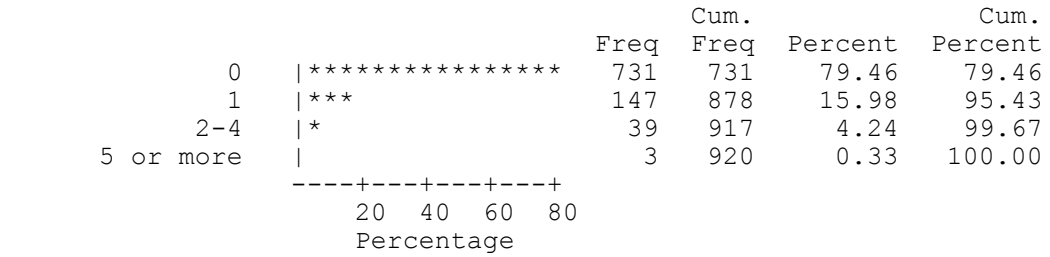
	Freq	Cum. Freq	Percent	Cum. Percent
Yes	171	171	18.53	18.53
No	752	923	81.47	100.00

-Emergency Department

As is clear from **Figure 30**, the majority of respondents reported that their child did not make any visits to an emergency room during the relevant time period. In light of the current nationwide emphasis on moving patients away from costly emergency settings to more appropriate care in primary care providers' offices, this is a favorable finding.

Figure 30

Q23 In the last 6 months, how many times did your child go to an emergency room?



-Telephone Contact with Doctor's Office

Just under one-half of parents reported that they placed a call to a doctor's office during regular business hours, as is clear from **Figure 31**. Of the parents who did place such a call, the vast majority reported that they either "always" or "usually" received the help needed. **Figure 32** demonstrates the frequencies of the various responses.

Figure 31

Q16 In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

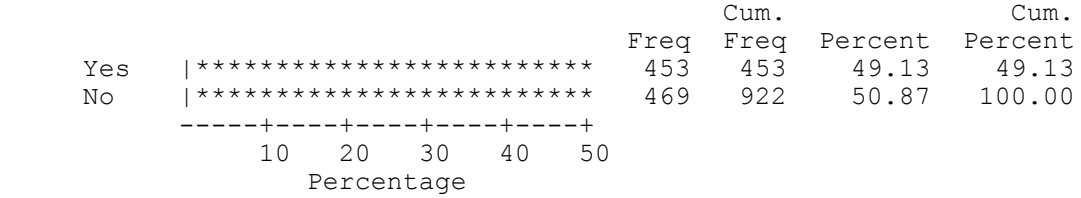
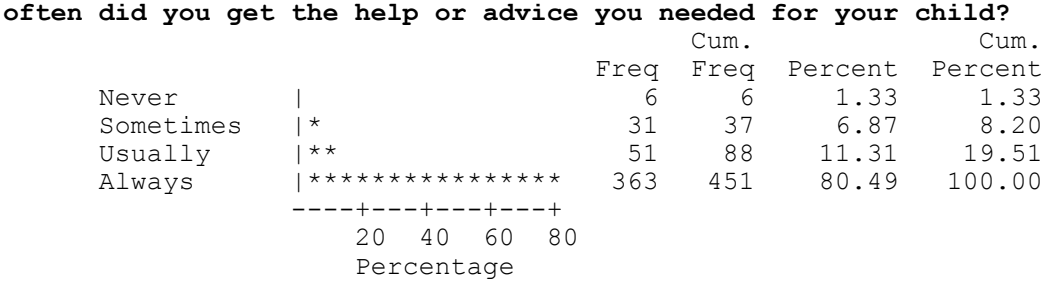


Figure 32

Q17 In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

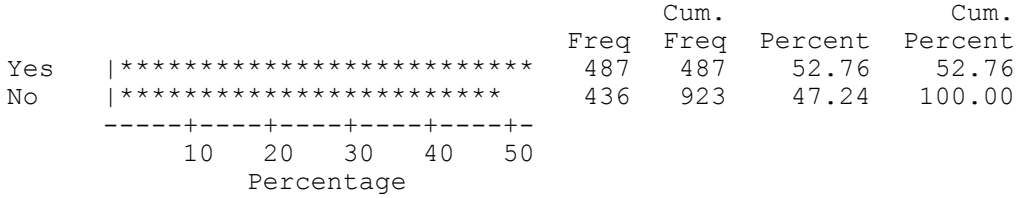


-Prescription Drugs

A slight majority of parents reported that their child received a new prescription or had an older one refilled in the six months prior to the survey, as is demonstrated in **Figure 33**. For those who reported a need for prescriptions, **Figure 34** shows that the vast majority said that they "always" received medication.

Figure 33

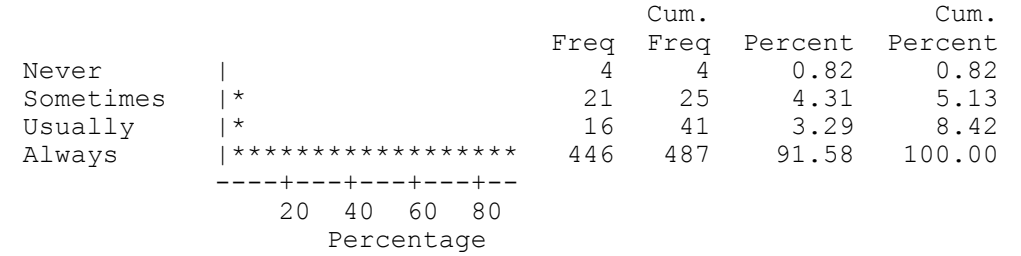
Q78 In the last 6 months, did your child get any new prescription medicine or refill a prescription?



	Freq	Cum. Freq	Percent	Cum. Percent
Yes	487	487	52.76	52.76
No	436	923	47.24	100.00

Figure 34

Q80 In the last 6 months, how often did your child get the prescription medicine he or she needed through the health plan?



	Freq	Cum. Freq	Percent	Cum. Percent
Never	4	4	0.82	0.82
Sometimes	21	25	4.31	5.13
Usually	16	41	3.29	8.42
Always	446	487	91.58	100.00

Timeliness of Obtaining Appointments, Care, and Plan Approval

-Appointment for Regular or Routine Care

One of the survey questions asked parents how often he or she was able to obtain an appointment for routine care for his or her child as soon as was desired. As **Figure 35** illustrates, a majority of parents who had made an appointment for their child in the six months before the survey reported they "always" got that appointment for routine care as quickly as the parent wanted.

Figure 35

Q19 In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?

	Freq	Cum. Freq	Percent	Cum. Percent
Never	10	10	2.02	2.02
Sometimes	38	48	7.68	9.70

```
Usually     |*********                    112   160    22.63    32.32
Always      |************************     335   495    67.68   100.00
            ----+---+---+---+---+---+---
                10  20  30  40  50  60
                     Percentage
```

A related survey question asked parents how frequently they waited more than 15 minutes past a child's scheduled appointment time. The majority of parents reported that they "never" or only "sometimes" waited past their appointed time. However, as is illustrated in **Figure 36**, a fairly substantial percentage of parents reported that they "always" or "usually" waited.

Figure 36

Q27 In the last 6 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

```
                                        Cum.              Cum.
                                  Freq  Freq  Percent  Percent
Never       |*****************     222   222    34.85    34.85
Sometimes   |*******************   253   475    39.72    74.57
Usually     |******                 74   549    11.62    86.19
Always      |*******                88   637    13.81   100.00
             -----+----+----+----+
                 10   20   30   40
                    Percentage
```

-Care Needed "Right Away"

The majority of parents who reported a need for urgent care felt that they were able to access that care as soon as was desired, as illustrated in **Figure 37**. It is encouraging that the percentage which reported that they "always" received urgent care for their child as soon as they wanted was higher than for those who reported timely appointments for routine care in response to Question 19. The very nature of "urgent care" would deem timeliness to be of greater importance.

Figure 37

Q21 In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

```
                                     Cum.              Cum.
                               Freq  Freq  Percent  Percent
Never       |                    5     5     1.62     1.62
Sometimes   |*                  14    19     4.55     6.17
Usually     |**                 38    57    12.34    18.51
Always      |***************   251   308    81.49   100.00
            ----+---+---+---+
                20  40  60  80
```

Percentage

-Plan Approval

Few respondents reported any level of problems with their child's health care that were caused by a delay in health plan approval. **Figure 38** shows that the majority of parents reported that they did not have any problems caused by health plan approval delays.

Figure 38

Q26 In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?

	Freq	Cum. Freq	Percent	Cum. Percent
Big problem	15	15	2.35	2.35
Small problem	28	43	4.40	6.75
Not a problem	594	637	93.25	100.00

QUALITY

Communication

-Doctor's Office Staff

The majority of parents reported favorable experiences with staff at the target child's doctor's office. **Figure 39** illustrates that the majority felt that the staff "always" treated both parents and children with courtesy and respect. Similarly, most parents felt that the office staff were "always" as helpful as the parents would like, as is clear from **Figure 40.** However, these results do leave room for improvement

Figure 39

Q28 In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

	Freq	Cum. Freq	Percent	Cum. Percent
Never	4	4	0.63	0.63
Sometimes	18	22	2.82	3.45
Usually	62	84	9.72	13.17
Always	554	638	86.83	100.00

Figure 40

Q29 In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

		Freq	Cum. Freq	Percent	Cum. Percent
Never	|	5	5	0.78	0.78
Sometimes	|*	36	41	5.63	6.42
Usually	|***	89	130	13.93	20.34
Always	|**********	509	639	79.66	100.00

```
          ----+---+---+---+
              20  40  60  80
               Percentage
```

-Doctor-Patient and Doctor-Parent Communication

Most parents appear to be highly satisfied with the level of communication that they have experienced with their child's doctor. As **Figures 41** and **42** illustrate, the majority of parents reported that their child's doctor "always" listened carefully to what the parent said and showed respect for parental comments. A slightly higher majority of parents reported that their child's doctor "always" explained things in a manner that parents understood**. Figure 43** provides further detail. Furthermore, **Figure 44** illustrates that the majority of parents reported that their child's doctor "always" explained things in a way the child could understand, as well.

Health care providers also appear to have gone beyond good verbal communication and attempted to provide support and assistance to parents. For example, **Figure 45** shows that a majority of parents reported that the doctor "always" talked to parents about skills needed to take care of their child. Similarly, as shown in **Figure 46**, most parents reported that the doctor "always" provided support for the care the parent gave to the child. Finally, one-half of parents reported that their child's doctor "always" talked with them about how their child was growing, feeling or behaving as is clear from **Figure 47.** While these results are promising, there is room for improvement in communication between parents and doctors about issues surrounding child development.

Figure 41

Q30 In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

		Freq	Cum. Freq	Percent	Cum. Percent
Never	|	4	4	0.63	0.63
Sometimes	|*	23	27	3.60	4.23
Usually	|**	77	104	12.05	16.28
Always	|**********	535	639	83.72	100.00

```
          ----+---+---+---+-
              20  40  60  80
               Percentage
```

Figure 42

Q35 In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

		Cum.	Cum.

		Freq	Cum. Freq	Percent	Cum. Percent
Never	|	6	6	0.94	0.94
Sometimes	|*	24	30	3.76	4.70
Usually	|**	66	96	10.34	15.05
Always	|**********	542	638	84.95	100.00

20 40 60 80
Percentage

Figure 43

Q32 In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

		Freq	Cum. Freq	Percent	Cum. Percent
Sometimes	|*	23	23	3.61	3.61
Usually	|**	52	75	8.15	11.76
Always	|**********	563	638	88.24	100.00

20 40 60 80
Percentage

Figure 44

Q37 In the last 6 months, how often did you child's doctors or other health providers explain things in a way your child could understand?

		Freq	Cum. Freq	Percent	Cum. Percent
Never	|	7	7	1.26	1.26
Sometimes	|**	47	54	8.47	9.73
Usually	|***	90	144	16.22	25.95
Always	|**********	411	555	74.05	100.00

20 40 60
Percentage

Figure 45

Q33 In the last 6 months, have any of your child's doctors or other health providers talked with you about the skills you need to take care of your child?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	|**********	375	375	58.96	58.96
No	|*******	261	636	41.04	100.00

10 20 30 40 50
Percentage

Figure 46

Q34 In the last 6 months, have any of your child's doctors or other health providers given you support about the care you are providing for your child?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	|**********	508	508	80.25	80.25
No	|**	125	633	19.75	100.00

10 20 30 40 50 60 70 80
Percentage

Figure 47

Q7 In the last 6 months, how often did your child's personal doctor or nurse talk with you about how your child is feeling, growing, or behaving?

		Freq	Cum. Freq	Percent	Cum. Percent
Never	*******	82	82	13.18	13.18
Sometimes	**********	139	221	22.35	35.53
Usually	*******	91	312	14.63	50.16
Always	************************	310	622	49.84	100.00

10 20 30 40 50
Percentage

Capacity to Provide Quality Care

-Length of Visits

The majority of parents were satisfied with the amount of time doctors spent with their child. **Figure 48** demonstrates that the majority of parents reported that doctors "always" spent enough time with their child with an additional number reporting this "usually" happened.

Figure 48

Q38 In the last 6 months, how often did doctors or other health providers spend enough time with you and your child?

		Freq	Cum. Freq	Percent	Cum. Percent
Never/Sometimes	**	52	52	8.15	8.15
Usually	****	120	172	18.81	26.96
Always	***************	466	638	73.04	100.00

20 40 60
Percentage

-Understanding of Effect of Patient's Health

Figure 49 illustrates an additional favorable finding in this area. The vast majority of parents whose child had a personal physician reported that this doctor understood how the child's health condition affected his or her daily life.

Figure 49

Q9 Does your child's personal doctor or nurse understand how any health conditions your child has affect his or her day-to-day life?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	******************	622	622	96.14	96.14
No	*	25	647	3.86	100.00

```
    ----+---+---+---+---
        20  40  60  80
        Percentage
```

Preventive Care

The CAHPS instrument attempted to assess the success of the program in childhood immunization. One survey question asked parents of children under 2 years of age, whether or not they had received a reminder notice for check-ups or immunization shots or drops. As **Figure 50** demonstrates, the majority of parents of children under 2 years old reported that they did recall receiving a notice. Even though this leaves 13% without recall of such a notice, 92% of the parents of children under 2 reported that their child had been seen by a provider for either a check-up or for immunization, as is illustrated in **Figure 51**. These reported rates are higher than the Healthy People 2000 goal of 90% child immunization. It is important to note that the number of respondents addressing these questions was fairly small because only 58 of the target children were less than 2 years of age.

Figure 50

Q51 Reminders from the doctor's office or clinic or from the health plan can come to you by mail, by telephone or in-person during a visit. After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

```
                                                  Cum.            Cum.
                                          Freq    Freq  Percent   Percent
Yes   |**********************************    47     47    87.04    87.04
No    |*****                                  7     54    12.96   100.00
      ----+---+---+---+---+---+---+---+---
          10  20  30  40  50  60  70  80
              Percentage
```

Figure 51

Q52 Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

```
                                      Cum.            Cum.
                                Freq  Freq  Percent   Percent
      Yes   |******************    49    49    92.45    92.45
      No    |**                    4    53     7.55   100.00
            ----+---+---+---+--
                20  40  60  80
                Percentage
```

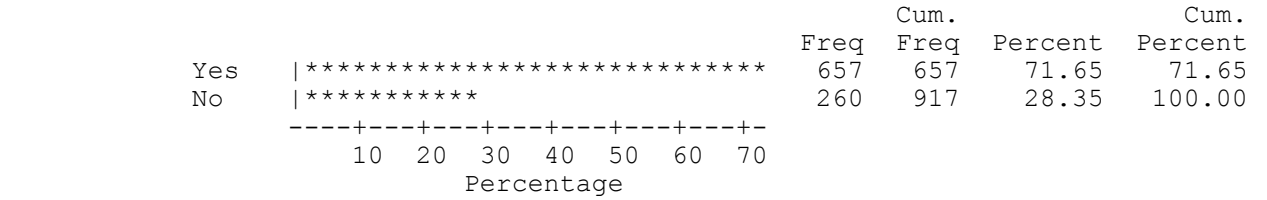
Bureaucracy

Bureaucracy refers to the respondents' experiences with the administrative aspects of the health service delivery mode that serves their child. This includes information about services offered under a plan, paperwork associated with a plan and telephonic communications with plan representatives.

The majority of parents reported that they received some type of information about their child's health plan services before enrollment. However, as is clear from **Figure 52,** this leaves more than one out of four parents without any type of information that they recall receiving in any fashion. Similarly, **Figure 53** shows that few parents reported that they had experience with paperwork in connection with their child's health plan. Of those who did report experience with paperwork, very few reported any problems in connection with it, as is illustrated in **Figure 54**. A small number of parents reported that they called their child's health plan for assistance in the six months prior to the survey, as is evident from **Figure 55.** Of those who did place such a call, the majority reported that it was "not a problem" to obtain the assistance needed. However, as is clear from **Figure 56,** a fairly substantial number of parents reported some level of difficulty in obtaining needed help from customer service at their child's health plan.

Figure 52

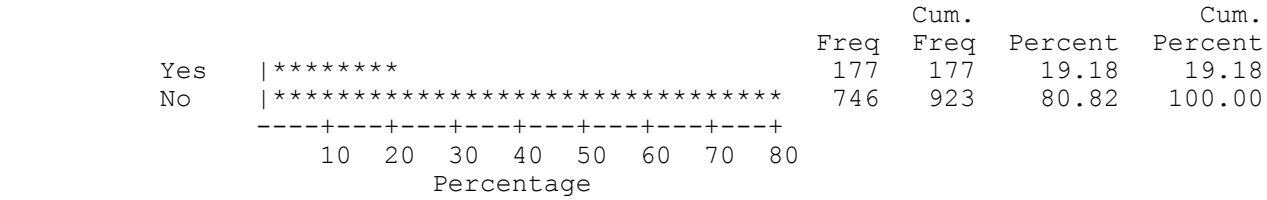
Q69 You can get information about your child's plan services in writing, by telephone, or in-person. Did you get any information about your child's health plan before you signed him or her up for it?



	Freq	Cum. Freq	Percent	Cum. Percent
Yes	657	657	71.65	71.65
No	260	917	28.35	100.00

Figure 53

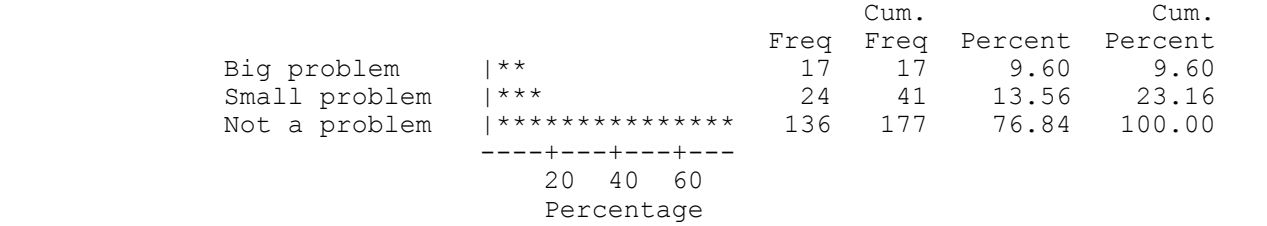
Q75 Paperwork means things like getting your child's ID card, having your child's records changed, processing forms, or other paperwork related to getting care for your child. In the last 6 months, did you have any experiences with paperwork for your child's health plan?



	Freq	Cum. Freq	Percent	Cum. Percent
Yes	177	177	19.18	19.18
No	746	923	80.82	100.00

Figure 54

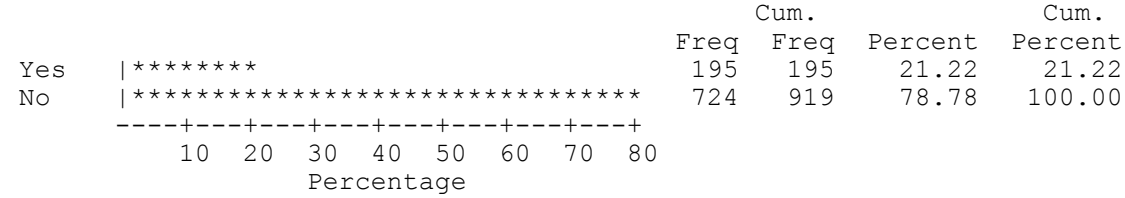
Q76 In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?



	Freq	Cum. Freq	Percent	Cum. Percent
Big problem	17	17	9.60	9.60
Small problem	24	41	13.56	23.16
Not a problem	136	177	76.84	100.00

Figure_55

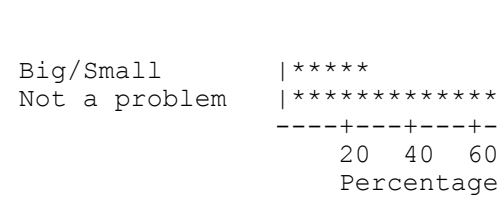
Q73 In the last 6 months, did you call the health plan's customer service to get information or help for your child?



	Freq	Cum. Freq	Percent	Cum. Percent
Yes	195	195	21.22	21.22
No	724	919	78.78	100.00

Figure_56

Q74 In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?



	Freq	Cum. Freq	Percent	Cum. Percent
Big/Small	52	52	26.80	26.80
Not a problem	142	194	73.20	100.00

SATISFACTION

Patient, or parental, satisfaction has been "associated with such medically and economically important outcomes to therapeutic regimen, understanding and retention of medical information and continuity of care." (Lewis, Scott, Pantell, Wolf, 1986) Five questions in the CAHPS survey addressed satisfaction with the health services received through Health Choice. The means for each question appear here. It is important to note that only a small number of respondents answered Questions 14 and 64 since few of the target children utilized those services.

Mean Rating

Scale: 0 = worst possible rating

10 = best possible rating

Q8 (rating of personal doctor nurse)	Mean rating = 9.07	(n=659)
Q14 (rating of specialist)	Mean rating = 8.89	(n=169)
Q39 (rating of all health care)	Mean rating = 9.04	(n=636)
Q64 (rating of treatment and counseling)	Mean rating = 8.64	(n=56)
Q77 (rating of health plan)	Mean rating = 9.26	(n=907)

These questions were analyzed in a variety of ways to address several issues. The CAHPS manual suggests two versions of dividing the 0 to 10 scale into categories, namely (0-6, 7-8, 9-10) or (0-7,8-9,10). For this report the 0-10 scales were combined into 4 categories with 0-7 in one category and each of the others analyzed separately. A large percentage of respondents gave ratings of 10, with few or none giving a 0 or 1, therefore justifying the aggregation of the 0-7 ratings. In fact, the percentage of ratings 0-7 combined was smaller than the percentage responding with a 10. Furthermore, a decision was made to keep 8 and 9 separate as it seemed that the discrimination between 8 and 9 might be particularly instructive. Multiple studies have reported that patients tend to give very high ratings to individual physicians. Therefore, results that are less than perfect should be highlighted.

Using the 4-category recoding, the data were analyzed using analysis of variance (ANOVA), or general linear model, comparing satisfaction between chronic and non-chronic (defined by the combination of screener questions q85 to q89). In addition chi square tests of association were run to have a clearer way of presenting the results and to circumvent the problem of the skewness of the data that resulted from such a large proportion of persons giving a rating of 10.

Figure_57

Q8 We want to know your rating of your child's personal doctor or nurse. (If your child has more than one personal doctor or nurse, choose the person your child sees most often.) Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

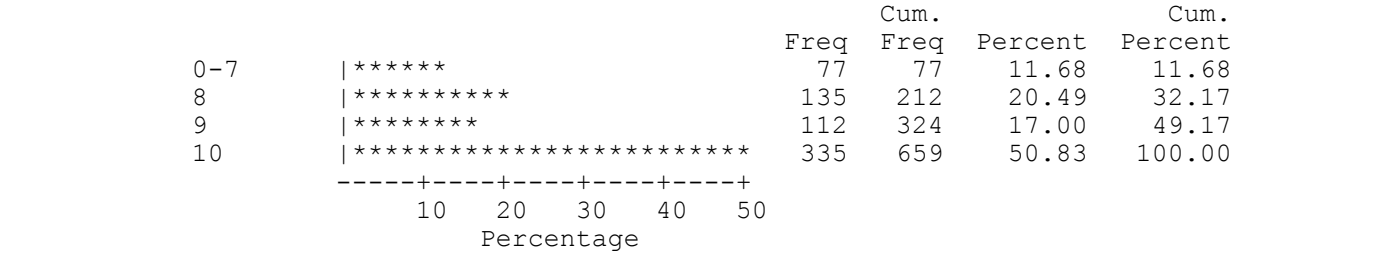


Figure_58

Q14 We want to know your rating of the specialist your child saw most often in the last 6 months, including a personal doctor if he/she was a specialist. Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

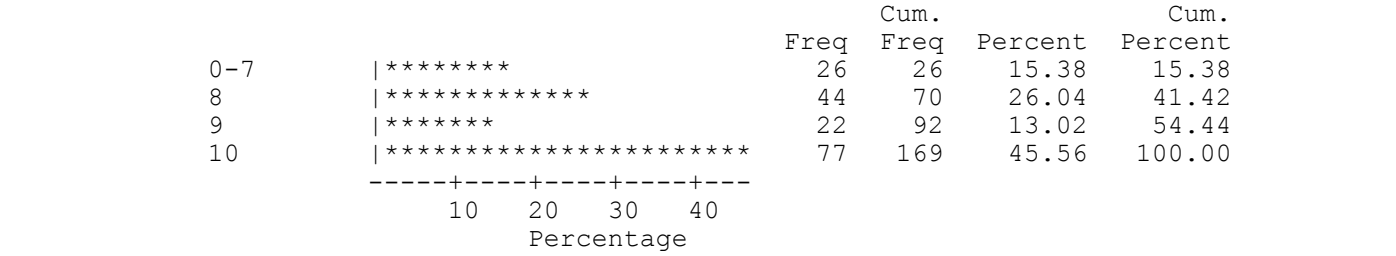


Figure_59

Q39 We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

	Freq	Cum. Freq	Percent	Cum. Percent
0-7	74	74	11.64	11.64
8	127	201	19.97	31.60
9	136	337	21.38	52.99
10	299	636	47.01	100.00

10 20 30 40
Percentage

Figure 60

Q64 We want to know your rating of your child's treatment or counseling for emotional, developmental, or behavior difficulties. Use any number from 0 to 10 where 0 is the worst treatment or counseling possible, and 10 is the best treatment or counseling possible. How would you rate your child's treatment or counseling now?

	Freq	Cum. Freq	Percent	Cum. Percent
0-7	14	14	25.00	25.00
8	15	29	26.79	51.79
9	4	33	7.14	58.93
10	23	56	41.07	100.00

10 20 30 40
Percentage

Figure 61

Q77 We want to know your rating of all your experience with your child's health plan. Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

	Freq	Cum. Freq	Percent	Cum. Percent
0-7	76	76	8.38	8.38
8	143	219	15.77	24.15
9	154	373	16.98	41.12
10	534	907	58.88	100.00

10 20 30 40 50
Percentage

RESULTS OF COMPARISION BY CHRONICITY

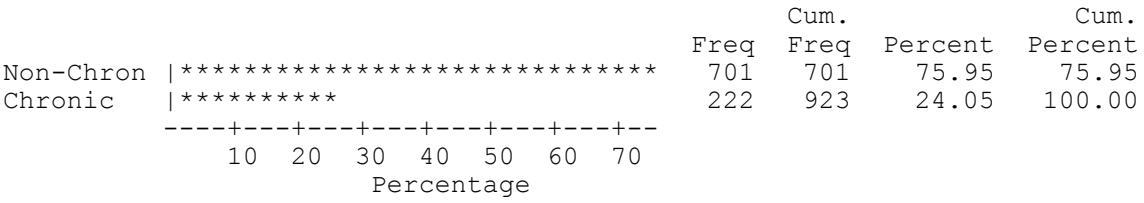
For purposes of this report, as discussed previously, a target child was considered to have a chronic condition if the parent answered "Yes" to all three parts any one of the Screener Questions (Questions 85 to 89). The Screener Questions have a main section, followed by sub-

parts “a” and “b”. Part “a” of each question addressed whether the response to the main stem of the question refers to a medical or health condition; part b addressed whether this condition was expected to last for at least 12 months. Using this criterion, 222 persons (24% of the survey group) were identified as chronic. This compares to 29% of children from a related survey of Medicaid children who were so identified.

In this section of the report, only the results of questions that showed **significant** differences between chronic and non-chronic groups are presented. The significance level of .05 is the threshold level used throughout this report.

*Figure_62_*

Combination of Q85 - Q89



	Freq	Cum. Freq	Percent	Cum. Percent
Non-Chron	701	701	75.95	75.95
Chronic	222	923	24.05	100.00

HEALTH STATUS OF TARGET CHILDREN

Health Status as Reported via Parent or Guardian

Question 83 asked respondents to rate the health status of their children on a 5-point scale from "Excellent" to "Poor." As would be expected, the parents of children with a chronic condition were significantly more likely to report "Fair" or "Poor" health and less likely to report "Excellent" or "Very Good" health of the target child. **Figure 63** illustrates the differences between the chronic and non-chronic groups for this parental report of health status.

Figure 63

Q 83 In general, how would you rate your child's overall health now?

		Freq	Cum. Freq	Percent	Cum. Percent
Non-chronic					
Excellent	**********	332	332	47.43	47.43
Very Good	********	228	560	32.57	80.00
Good	*****	125	685	17.86	97.86
Fair/Poor	*	15	700	2.14	100.00
Chronic					
Excellent	********	56	56	25.34	25.34
Very Good	********	62	118	28.05	53.39
Good	********	61	179	27.60	81.00
Fair/Poor	*******	42	221	19.00	100.00

10 20 30 40
Percentage

Other Indicators of Health Status

As would also be expected, significantly more parents of chronic children reported a need for specialized services or assistance with activities of daily living for the target child. **Figures 64** through **67** demonstrate the differences between the two groups.

Figure 64

Q44 Does your child have health care needs that require any special help from teachers, nurses, or staff at your child's school or day care program?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	*	29	29	4.97	4.97
	No	**********	554	583	95.03	100.00
Chronic	Yes	*******	66	66	32.51	32.51
	No	**********	137	203	67.49	100.00

20 40 60 80
Percentage

Figure 65

Q55 In the last 6 months, did your child need to get or replace any special medical equipment or devices such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes		15	15	2.14	2.14
	No	**********	685	700	97.86	100.00
Chronic	Yes	**	21	21	9.50	9.50
	No	**********	200	221	90.50	100.00

20 40 60 80 100
Percentage

Figure 66

Q57 In the last 6 months, did your child need special therapy, such as a physical, occupational, or speech therapy?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes		16	16	2.28	2.28
	No	**********	685	701	97.72	100.00
Chronic	Yes	*	16	16	7.21	7.21
	No	**********	206	222	92.79	100.00

20 40 60 80 100
Percentage

Figure 67

Q61 In the last 6 months, did your child need any treatment or counseling for an emotional, developmental, or behavior difficulty?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	*	18	18	2.57	2.57
	No	******************	683	701	97.43	100.00
Chronic	Yes	*****	59	59	26.58	26.58
	No	***************	163	222	73.42	100.00

20 40 60 80
Percentage

Screener Questions (Q85-Q89)

As discussed previously, five questions were added to the CAHPS survey to test the instrument's ability to identify children with special needs. As would be expected, significantly more of the parents of chronic children responded in the affirmative to each of the five screener questions. Because all respondents in the non-chronic group would have answered "No" to this question set, only the results for the chronic group are presented.

Figure 68

Q85 Does your child currently need or use medicine prescribed by a doctor (other than vitamins)? For any medical, behavioral, or other health condition? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	***	34	34	15.32	15.32
	Yes	*****************	188	222	84.68	100.00

20 40 60 80 100
Percentage

Figure 69

Q86 Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age? For any medical, behavioral, or other health condition? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	**************	156	156	70.27	70.27
	Yes	******	66	222	29.73	100.00

20 40 60 80 100
Percentage

Figure 70

Q87 Is your child limited or prevented in any way in his or her ability to do the things most children the same age can do? For any medical, behavioral, or other health condition? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	****************	180	180	81.08	81.08
	Yes	****	42	222	18.92	100.00

20 40 60 80 100
Percentage

Figure_71

Q88 Does your child need or get special therapy, such as physical, occupational, or speech therapy? For any medical, behavioral, or other health condition? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	******************	209	209	94.14	94.14
	Yes	*	13	222	5.86	100.00

20 40 60 80 100
Percentage

Figure 72

Q89 Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	****************	174	174	78.38	78.38
	Yes	****	48	222	21.62	100.00

20 40 60 80 100
Percentage

GENERAL CHARACTERISTICS OF HEALTH CARE DELIVERY

No significant variation between the responses of parents of children with a chronic condition and parents of non-chronic children emerged on either of the survey questions that addressed continuity of care. However, as would be expected there were statistically significant differences between the responses of parents of chronic children and those parents of non-chronic children as to the specialty of their child's personal doctor. As is illustrated in **Figure 73**, children without a chronic condition were more likely to use a pediatrician for a personal doctor

than any other type of health care provider. Children with a chronic condition also most frequently used a pediatrician for a personal doctor, but were three times more likely to use a specialist than non-chronic children. As a final note, it is interesting that among parents who reported that their child had seen a specialist in the 6 months prior to the survey, there were no significant differences between the chronic and non-chronic groupsas to whether or not that specialist was also their child's doctor.

Figure 73

Q6 Is this person a general doctor, a pediatrician, a specialist doctor, a physician assistant, or a nurse practitioner?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Gen. doctor	|*******	178	178	37.47	37.47
	Pediatrician	|**********	274	452	57.68	95.16
	Specialist	|	10	462	2.11	97.26
	Phys. Asst.	|	7	469	1.47	98.74
	Nurse Pract.	|	6	475	1.26	100.00
Chronic	Gen. doctor	|********	74	74	39.36	39.36
	Pediatrician	|**********	92	166	48.94	88.30
	Specialist	|*	12	178	6.38	94.68
	Phys. Asst.	|*	5	183	2.66	97.34
	Nurse Pract.	|*	5	188	2.66	100.00

```
                    ----+---+---+
                       20  40  60
                      Percentage
```

ACCESS

Potential Access or Capacity to Provide Care-

Having an identifiable personal physician is frequently associated with increased potential access to a variety of health care services. Parents of chronic children were significantly more likely than parents of non-chronic children to report that their child had a personal physician. These results are illustrated in **Figure 74**.

Figure 74

Q5 Do you have one person you think of as your child's personal doctor or nurse?

			Freq	Cum. Freq	Percent	Cum. Percent
non_chr	Yes	|**************	476	476	68.00	68.00
	No	|******	224	700	32.00	100.00
chronic	Yes	|*****************	188	188	84.68	84.68
	No	|***	34	222	15.32	100.00

```
                ----+---+---+---+-
                   20  40  60  80
                   Percentage
```

Perceived Barriers to Care

There were also statistically significant differences between the responses of parents based on the chronicity of their child as to whether or not the parent had difficulty in obtaining access to a variety of services. Parents of children with a chronic condition were much more likely to report "big problems" with obtaining needed care and less likely to report "no problems", as **Figure 75** shows. While parents of chronic children were more likely to report that their child had a personal physician, they were also significantly more likely to report more difficulties obtaining a satisfactory physician, as is clear from **Figure 76**. However, it is important to note that many of the respondents did not answer this particular question because their child had not received a new physician. The responses exclude those respondents whose children continued to see the same physician or whose children did not have a personal doctor at the time of the survey.

Figure 75

Q25 In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Big problem	|	2	2	0.44	0.44
	Small problem	|*	28	30	6.18	6.62
	Not a problem	|**********	423	453	93.38	100.00
Chronic	Big problem	|*	8	8	4.32	4.32
	Small problem	|*	15	23	8.11	12.43
	Not a problem	|**********	162	185	87.57	100.00

```
----+---+---+
    30  60  90
  Percentage
```

Figure 76

Q4 With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Big problem	|	1	1	0.97	0.97
	Small problem	|*	5	6	4.85	5.83
	Not a problem	|**********	97	103	94.17	100.00
Chronic	Big problem	|**	5	5	11.36	11.36
	Small problem	|*	2	7	4.55	15.91
	Not a problem	|**********	37	44	84.09	100.00

```
----+---+---+-
    30  60  90
  Percentage
```

-Specialty Care

As would be expected, significantly more of the parents of chronic children reported that either they or a doctor felt their child needed to see a specialist in the six months prior to the survey. It is interesting, however, that of those respondents who reported a need for a specialist, significant variation between the chronic and non-chronic groups did not emerge as to whether or not it was a problem to obtain a referral to a specialist.

Figure 77

Q11 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 6 months, did you or a doctor think your child needed to see a specialist?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	|***	103	103	14.71	14.71
	No	|**********	597	700	85.29	100.00
Chronic	Yes	|*******	77	77	34.68	34.68
	No	|**********	145	222	65.32	100.00

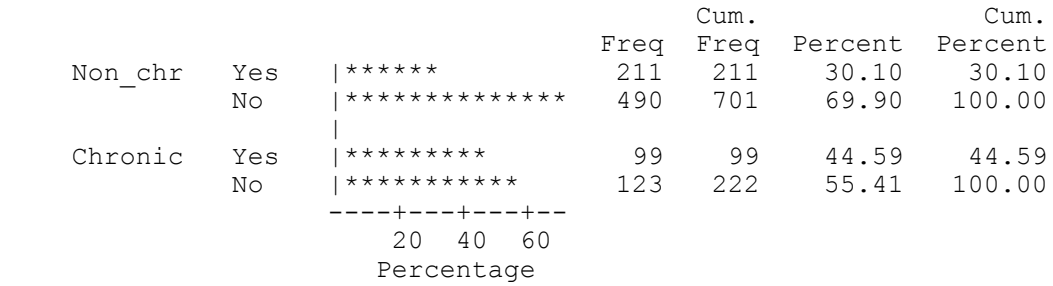
```
          ----+---+---+---+-
              20  40  60  80
              Percentage
```

-Emergency Department

Significantly more parents of chronic children reported a need for care needed “right away” than parents of non-chronic children. However, for those who did report a need for urgent care in the six months prior to the survey, there were no significant differences as to whether the parents reported any problems in accessing an emergency room.

Figure 78

Q20 In the last 6 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?



-Prescription Drugs

There were no significant differences between the responses of the chronic and non-chronic group as to whether or not they had difficulty in accessing prescription drugs.

-Specialized Services

There were three questions of interest that addressed more specialized services, such as counseling, physical therapy and medical equipment. It is important to note that a limited number of respondents addressed these questions because their child did not have a need for these items in the six months prior to the survey. Only respondents whose child needed the particular specialized service evaluated how difficult it was to obtain that service. Only one survey question (Q58) revealed significant differences between parents of chronic children and those of non-chronic children. However, the number of parents addressing this question was so small (27) that the chi-square test of significance is not reliable. For the remaining specialized services, no significant differences emerged.

Realized Access or Obtained Care

-Appointments & Telephone Contact with Doctor's Office

As would be expected, parents of chronic children were more likely to report making an appointment for regular or routine care for their child, as is clear from **Figure 79**. **Figure 80** shows that parents of chronic children were also more likely to report making at least one call to a physician's office for help during the relevant time period. Parents of chronic children were less likely than the parents of non-chronic children to report that they "always" got the help that they needed as a result of call to a doctor's office, as **Figure 81** illustrates.

Figure 79

Q18 A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care. In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	**********	352	352	50.21	50.21
	No	**********	349	701	49.79	100.00
Chronic	Yes	*************	144	144	64.86	64.86
	No	*******	78	222	35.14	100.00

20 40 60
Percentage

Figure 80

Q16 In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	*********	303	303	43.29	43.29
	No	***********	397	700	56.71	100.00
Chronic	Yes	**************	150	150	67.57	67.57
	No	******	72	222	32.43	100.00

20 40 60
Percentage

Figure 81

Q17 In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Never		1	1	0.33	0.33
	Sometimes	*	15	16	4.98	5.32
	Usually	**	33	49	10.96	16.28
	Always	****************	252	301	83.72	100.00
Chronic	Never	*	5	5	3.33	3.33
	Sometimes	**	16	21	10.67	14.00
	Usually	**	18	39	12.00	26.00
	Always	***************	111	150	74.00	100.00

20 40 60 80
Percentage

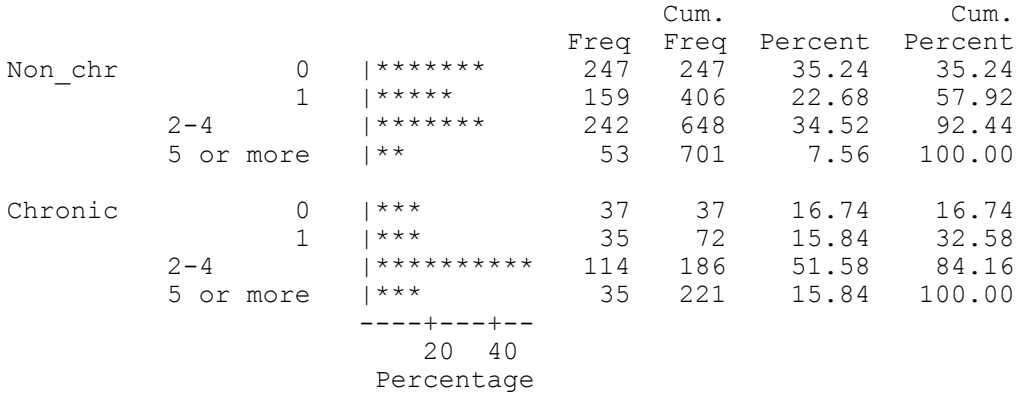
-Office Visits , Specialist Visits

Parents of chronic children were significantly more likely to report making visits to a doctor's office in the six months prior to the survey. This report included all doctors' offices or clinics, but excluded visits to an emergency department. **Figure 82** provides more detailed information.

As for more specific information about care received, parents of children with a chronic condition were also significantly more likely to report that their child had been seen by a specialist in the six months before the survey, as is illustrated by **Figure 83**.

Figure 82

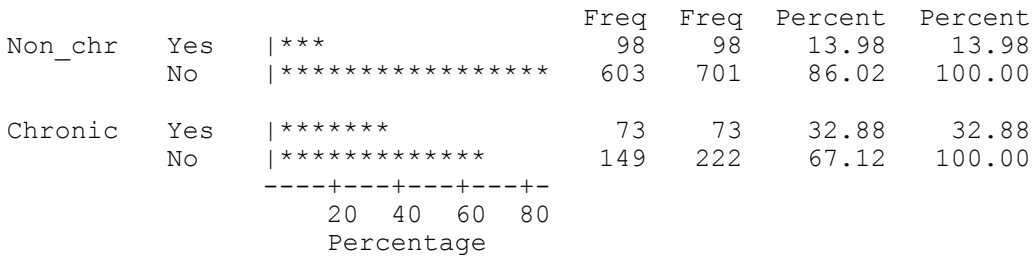
Q24 In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?



		Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	0	247	247	35.24	35.24
	1	159	406	22.68	57.92
	2-4	242	648	34.52	92.44
	5 or more	53	701	7.56	100.00
Chronic	0	37	37	16.74	16.74
	1	35	72	15.84	32.58
	2-4	114	186	51.58	84.16
	5 or more	35	221	15.84	100.00

Figure 83

Q13 In the last 6 months, did your child see a specialist?



		Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	98	98	13.98	13.98
	No	603	701	86.02	100.00
Chronic	Yes	73	73	32.88	32.88
	No	149	222	67.12	100.00

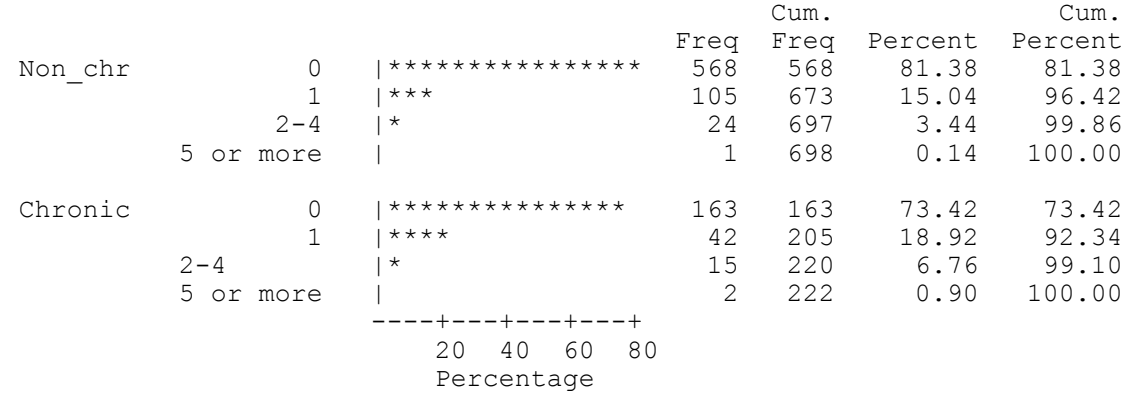
-Emergency Department

Chronic children were also more likely than non-chronic children to have visited an emergency department more than one time in the 6 months before the survey, according to paretal report. No visits were reported by 81% of respondents with a non-chronic child, which is

higher that the 73% in the chronic group. As would be expected, the chronic group was twice as likely to report 2 or more visits to an ED in the six month time period. (C:8% v. NC:4%)

Figure 84

Q23 In the last 6 months, how many times did your child go to an emergency room?

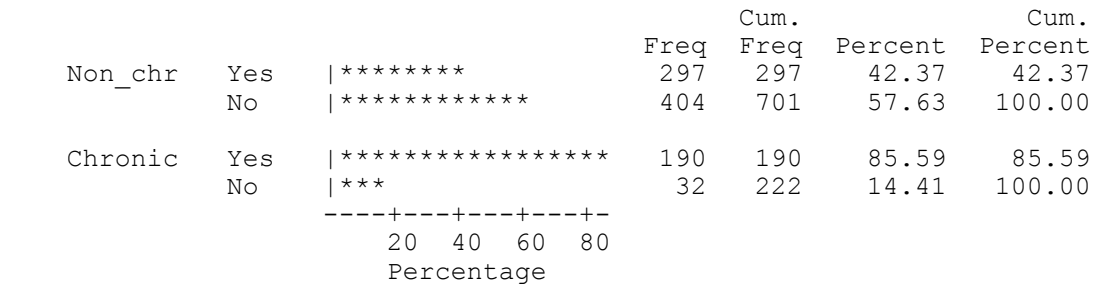


-Prescription Drugs

The chronic group was also significantly more likely to report having receiving a new or refilled prescription than the non-chronic group. There were not, however, significant differences between the two groups as to whether or not parents reported that they "always" received the needed medication.

Figure 85

Q78 In the last 6 months, did your child get any new prescription medicine or refill a prescription?



Timeliness of Obtaining Appointments, Care, and Plan Approval

There were no statistically significant differences between the responses of parents based on the chronicity of the target child with regard to any of the issues of timeliness in obtaining services.

QUALITY

Communication

- Doctor-Patient , Doctor-Parent and Office Staff Communication

Only one survey question on these issues revealed statistically significant differences between the chronic and non-chronic groups. The chronic parents were significantly more likely to report that their child's health care provider "always" talked with the parent about how the child is feeling, growing or behaving. Correspondingly, the non-chronic group was more likely to report that their doctor "never" discussed these issues.

Figure 86

Q7 In the last 6 months, how often did your child's personal doctor or nurse talk with you about how your child is feeling, growing, or behaving?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Never	|***	68	68	15.49	15.49
	Sometimes	|*****	103	171	23.46	38.95
	Usually	|***	62	233	14.12	53.08
	Always	|*********	206	439	46.92	100.00
Chronic	Never	|**	14	14	7.65	7.65
	Sometimes	|****	36	50	19.67	27.32
	Usually	|***	29	79	15.85	43.17
	Always	|**********	104	183	56.83	100.00

```
                    ----+---+---
                        20  40
                        Percentage
```

Capacity to Provide Quality Care

-Length of Visits and Understanding Effect of Patient's Health

The parents of non-chronic children were significantly more likely to report that their child's doctor "always" spent enough time with their child. Interestingly, there were no statistically significant differences in the responses of the chronic and non-chronic groups as to whether or not doctor understood how a child's health condition affected his or her daily life.

Figure 87

Q38 In the last 6 months, how often did doctors or other health providers spend enough time with you and your child?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Never/Sometimes	|*	29	29	6.40	6.40
	Usually	|**	79	108	17.44	23.84
	Always	|**********	345	453	76.16	100.00
		|				
Chronic	Never/Sometimes	|**	23	23	12.43	12.43
	Usually	|***	41	64	22.16	34.59
	Always	|*********	121	185	65.41	100.00
		----+---+--				
		30 60				
		Percentage				

Preventive Care

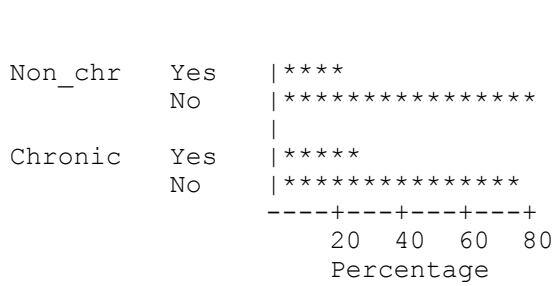
There were no statistically significant differences between the two groups in rates of parental recall of receiving notices for check-ups and immunizations for children less than 2 years old. Similarly, there were no significant differences between parental reports of actually having check-ups and immunization shots for their children.

Bureaucracy

Bureaucracy refers to parental experiences with the administrative aspects their child's health plan. Only one question on this issue revealed statistically significant differences between parents based on the target child's chronicity. The parents of children with a chronic condition were significantly more likely to report placing a call to the customer service department of their child's health plan. It is encouraging that there were no significant differences in response to a follow-up survey question that asked whether or not those parents who called customer service had any problems in obtaining assistance. No statistically significant differences between the parents of chronic children and those with non-chronic children emerged as to any of the other survey questions dealing with bureaucratic issues such as paperwork and plan information.

Figure 88

Q 73 In the last 6 months, did you call the health plan's customer service to get information or help for your child?



		Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	136	136	19.51	19.51
	No	561	697	80.49	100.00
Chronic	Yes	59	59	26.58	26.58
	No	163	222	73.42	100.00

SATISFACTION

This section of the report has focused on areas in which there were statistically significant differences between parents based on the chronicity of the target child. A very important finding, however, is the absence of significant differences with regard to satisfaction. None of the satisfaction questions showed differences between chronic and non-chronic groups.

SUMMARY

In general, the target children were reported to be in excellent or very good health at the time of the survey, according to their parents. Few parents reported that their child had any physical limitation or needed any specialized medical services or equipment.

As for how care was delivered, most of the parents reported that their child had a personal physician at the time of the survey. There were also very high indicators of continuity of care. Few of the children were reportedly assigned to a new physician upon enrollment in Health Choice and most parents reported a relationship with that personal physician that was in place for at least two years. Pediatricians saw most children with the general practitioners as the next most common provider.

The surveyed parents reported few perceived barriers to obtaining healthcare for their children. Few parents reported problems obtaining access to health care in general or primary care, urgent care, specialty care or prescription medication in particular. Most parents did report at least one visit to a health care provider for routine or regular health care for their child. Similarly, most parents reported that their child either had a prescription medication refilled or received a new prescription medication. However, the majority did not report any visits to an Emergency Room during the relevant time period.

The majority of those parents who did access the health care system for their child during the relevant time period reported that they typically received care in a timely fashion. The majority reported that they usually or always got appointments for routine or regular care as soon as was desired. Most parents also reported obtaining urgent care as fast was needed. A somewhat lower majority of parents reported that they never waited more than 15 minutes past their child's appointment time. Finally, few parents reported any problems with delays in health care caused by lags in health plan approval.

As for quality measures, most parents were happy with the respect and courtesy that they and their child received from the staff at doctor's offices. Parents also made favorable reports about the consistency of all levels of communication with their child's doctor. There was, however, room for improvement with regard how frequently providers educate parents about skills needed to care for the health of their children. Similarly, there is room for improvement in the support that providers offer to parents in how to care for their child at home. However, on another quality measure, most parents were pleased with the amount of time that their child's doctor spent with them and the target child.

Finally, most parents were highly satisfied with the level of care provided to their child. The means of satisfaction ratings for all aspects of care, including the health plan rating, were above 8.5 on a scale of 0 to 10.

Addendum

Discussion of the Effects of Oversampling for Mecklenburg County

The Health Choice recipients of Mecklenburg County were oversampled to increase the size of the sample for collecting information about this program. Because Mecklenburg County had the technology to rapidly obtain phone numbers for these recipients, a decision was made to take that route. However, in inspecting the difference between Mecklenburg and the rest of the counties, Mecklenburg showed a far greater proportion of Black recipients. Therefore, the responses to all survey questions for parents in Mecklenburg County were compared to responses of parents in the other 99 counties. Then an analysis of the questions by ethnicity (Black vs White) was also performed. Most questions did not show any statistically significant differences either between Mecklenburg County and the other 99 counties or between Black and White recipients. However, for most of the few questions that did reveal differences between Mecklenburg and the other 99 counties, there were also differences between Black and White groups. In every case where there was a difference, the differences favored those respondents not from Mecklenburg and favored the White recipients.

In a further analysis the data were weighted for oversampling of the Mecklenburg group. When that analysis was done the overall picture of the results of the survey presented in the earlier section hold true.

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